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THE INFLUENCE OF INTERGROUP CONTACT ON ATTITUDES TOWARD
DIVERSITY AMONG PROFESSIONAL COUNSELORS:
A MIXED METHODS STUDY

A DISSERTATION

Presented to the Faculty of the Graduate School of
St. Mary's University in Partial Fulfillment
of the Requirements
for the Degree of

DOCTOR OF PHILOSOPHY

in

Counselor Education and Supervision

by

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San Antonio, Texas

April 2020

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THE INFLUENCE OF INTERGROUP CONTACT ON ATTITUDES TOWARD
DIVERSITY AMONG PROFESSIONAL COUNSELORS:
A MIXED METHODS STUDY

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ABSTRACT

THE INFLUENCE OF INTERGROUP CONTACT ON ATTITUDES TOWARD DIVERSITY AMONG PROFESSIONAL COUNSELORS: A MIXED METHODS STUDY

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St. Mary's University, 2020

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The purpose of this mixed-methods study was to explore diverse intergroup contact experiences and attitudes toward diversity among professional counselors. A total of 137 participants were included in the first phase of the study, which was a quantitative survey of intergroup contact experiences and attitudes, and eight participants were interviewed for the second qualitative phase. The quantitative results indicated that the quantity of intergroup contact was positively related to the perceived importance of intergroup contact, and all intergroup contact variables were positively related to the overall attitudes toward diversity. While multicultural courses in graduate counseling programs were not found to be statistically significant to the overall attitude toward diversity, additional multicultural training was positively related to the overall attitude toward diversity. The qualitative findings were similar to the quantitative results regarding experiences with multicultural courses and training. Participants valued direct intergroup

contact experiences, but personal intergroup contact was credited more often as the source of positive changes in attitudes toward diversity. Participants' continuous exposure to intergroup contact and ongoing multicultural training was essential to learn how to deal with discomfort related to dissimilarities. The findings of the present study suggest that recognizing and understanding diversity issues is no substitute for the benefits of interacting and working with culturally diverse people.

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ABBREVIATIONS

ACA	American Counseling Association
ALGBTIC	Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling
AMCD	Association of Multicultural Counseling and Development
ASERVIC	Association for Spiritual, Ethical, and Religious Values in Counseling
CACREP	Council of Accredited Counseling and Related Educational Programs
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual
MGUDS-S	Miville-Guzman Universality-Diversity Scale-Short Form
UDO	Universal-Diverse Orientation

CHAPTER I
INTRODUCTION

The purpose of this study was to explore mental health professionals' intergroup contact and attitudes toward diversity using a mixed-methods approach. The mental health field has acknowledged the need for both empirical and theoretical research to guide educators and supervisors in their efforts to provide more effective interventions for culturally diverse populations in global communities (Alexander, 2001; Arthur & Achenbach, 2002; Arthur & Januszkowski, 2001; Chao et al., 2011; Green et al., 2009; Murphy et al., 2006; Smith et al., 2006; W. G. Stephan & Stephan, 2001). The Association of Multicultural Counseling and Development (AMCD) formulated the Multicultural Counseling Competencies in 1991, and the American Counseling Association (ACA) has continued to provide guidelines for multicultural counseling (Arredondo et al., 1996; Sue et al., 1992; Tomlinson-Clarke, 2013).

According to the ACA, counselor educators should support students in gaining awareness and knowledge of cultural diversity and integrating culturally appropriate interventions for all clients in the students' training and supervision (ACA, 2014, Standard F.11.c.). The Council of Accredited Counseling and Related Educational Programs (CACREP, 2016) requires a multicultural counseling course that highlights social and cultural diversity. Multiculturalism and diversity have been regarded as the core of the counseling profession (Smith et al., 2008).

The mental health field is a place where interactions with individuals from diverse cultural backgrounds are essential, and such a context requires more contact experiences with diverse groups for mental health professionals to enhance multicultural competence. By the adherence to the standards of practice for mental health professionals, it is important to examine how mental health professionals experience and interpret intergroup contact in the context of the

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mental health field. The purpose of this study was to explore diverse intergroup contact experiences and attitudes toward diversity among professional counselors.

Statement of the Problem

Diversity and multicultural training programs exist to alleviate the problems of intercultural misunderstandings, stereotypes, biases, and fears in workplaces (W. G. Stephan & Stephan, 2001). Despite the efforts of the programs, scholars have criticized that multicultural and diversity training programs are not designed on theory-based models or empirical evidence and they have called for research to form a clear theoretical rationale for implementation and outcomes of diversity training for mental health professions (Paluck, 2006; W. G. Stephan & Stephan, 2001; Wiethoff, 2004).

The literature on intergroup contact is one body of academic research where the collaboration of theory and action can support multicultural and diversity training (Paluck, 2006). A wide range of research on intergroup contact has shown that individuals' contact experiences with outgroups significantly improved intergroup relations by reducing intergroup prejudice (Aydogan & Gonsalkorale, 2015; Dovidio et al., 2003; McKeown & Psaltis, 2017; Pettigrew & Tropp, 2006, 2008; Pettigrew et al., 2011; C. W. Stephan & Stephan, 1992; W. G. Stephan, 2014; Vezzali & Giovannini, 2012; Voci & Hewstone, 2003). The main focus of these studies has been examining the relationship between intergroup contact, conditions for contact, and attitude changes. However, recent research of intergroup contact has expanded on diverse issues, such as age, gender, religion, sexual preference, mental illness, and disability, as well as race and ethnicity (Carvalho-Freitas & Stathi, 2017; Couture & Penn, 2003; Pettigrew, 2009; Stathi et al., 2012; Tausch et al., 2010; Turner & Crisp, 2010; West et al., 2014).

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Many counselor educators propose that counselor training programs should implement more activities that go beyond traditional classroom instruction, reading, or writing about multicultural counseling in order to emphasize students' live experiences with diverse individuals or groups who have different cultural backgrounds from their own (Barden et al., 2017; Holcomb-McCoy & Myers, 1999; Vespia et al., 2010). DeRicco and Sciarra (2005) noted that the interpersonal exchange of contact experiences between culturally different people is fundamental to the counseling profession because working an alliance between the counselor and the client is "another type of forum for social-emotional relearning" (p. 4).

While a few studies exist that have examined intercultural contact in counselor training programs, no studies on contact theory have been explored in research, including quantitative and qualitative data gathered from the mental health fields that would require contact among individuals from diverse backgrounds in a clinical working environment. Past intercultural contact studies have overemphasized the frequency or the most optimal conditions for intergroup contact but failed to explain the importance of how individuals experience, define, and interpret interactions from their own viewpoints (Halualani, 2008). Therefore, this research integrated quantitative and qualitative methods to explain how professional counselors experience and interpret their interactions with people from diverse cultural backgrounds.

Research Questions

This study explored intergroup contact and attitudes toward diversity in professional counselors using a mixed-methods approach to answer both quantitative and qualitative research questions. An explanatory sequential mixed methods research design was utilized to explain and explore how professional counselors experience, define, and interpret interactions with individuals from diverse cultures.

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Quantitative Research Questions

1. What is the relationship between the quantity of intergroup contact and the importance of intergroup contact?
2. What are the relationships among demographic characteristics, exposure to multicultural/diversity training, and intergroup contact?
3. What are the relationships among demographic characteristics, exposure to multicultural/diversity training, intergroup contact, and attitudes toward diversity?
4. Does exposure to multicultural/diversity training and intergroup contact predict attitudes toward diversity?

Qualitative Research Questions

The primary research question for the qualitative portion of the study was, “How do professional counselors describe and understand their own intergroup contact experiences?” To more fully address the primary research question, the researcher divided the primary research question into three sub-questions.

1. How do professional counselors describe their own intergroup contact experiences?
2. How do professional counselors describe their diversity and multicultural training?
3. How do professional counselors interpret their own intercultural contact?

This research provides answers to each quantitative and qualitative research question and integrated both quantitative and qualitative results to obtain an understanding of the reality that both professional counselors and clients have experienced as the cultural complexities in their lives.

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Justification for the Study

Multicultural education and training are generally recognized as effective in counselor training programs, but some counselor educators raise questions about the efficacy of these efforts (Arthur & Achenbach, 2002; Smith et al., 2006). For example, several researchers and educators have found that many counseling students and counselor educators felt unprepared to work with diverse clients or were dissatisfied with their multicultural and diversity training in their educational programs despite the increase in focus on diversity in counseling graduate programs (Arthur & Januszkowski, 2001; Chao et al., 2011; Green et al., 2009).

Recent research on multicultural competence in counselor training programs has shown that counselor training programs have been focused on increasing counselors' awareness of their cultural background or personal biases but are deficient in training counselors to understand clients' worldviews (Barden et al., 2017; Holcomb-McCoy & Myers, 1999; Vespia et al., 2010). Researchers have proposed that counselor training programs should implement more activities that allow students to gain more experiences with people from backgrounds different from their own (Barden et al., 2017; Holcomb-McCoy & Myers, 1999; Vespia et al., 2010).

As a part of multicultural training, a multicultural immersion experience has been widely used to encourage students to engage in direct contact with individuals who have different cultures in counselor training programs (e.g., Boland et al., 2016; DeRicco & Sciarra, 2005; Hipolito-Delgado et al., 2011; Prosek & Michel, 2016). Cultural immersion experiences include formal or informal interactions, counseling-related activities, and global connections with individuals or groups who have diverse cultural backgrounds for a specific time (Barden & Cashwell, 2013; Prosek & Michel, 2016). DeRicco and Sciarra (2005) asserted that participation in multicultural immersion experiences are ideal for mental health professionals to actively

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demonstrate their willingness and readiness to work with diverse populations. The concept of cultural immersion is based on the contact hypothesis, which asserts that contact with diverse social groups is the most effective way to reduce misunderstandings or tensions (Allport, 1954; DeRicco & Sciarra, 2005; Prosek & Michel, 2016).

According to Allport's (1954) intergroup contact hypothesis, contact with an outgroup is one of the most effective strategies for improving intergroup attitudes and relations and for reducing misunderstanding and prejudice. A wide range of research on intergroup contact has shown that individuals' contact experiences with outgroups significantly improved intergroup relations by reducing intergroup prejudice and by changing attitudes (Aydogan & Gonsalkorale, 2015; Dovidio et al., 2003; McKeown & Psaltis, 2017; Pettigrew & Tropp, 2006, 2008; Pettigrew et al., 2011; C. W. Stephan & Stephan, 1992; W. G. Stephan, 2014; Vezzali & Giovannini, 2012; Voci & Hewstone, 2003). However, the primary focus of these studies has been on identifying and testing conditions for attitude change and prejudice reduction with quantitative research methods. Few studies explain how individuals define or make sense of intercultural contact experiences from their own viewpoints in the existing body of research on the topic of intergroup (Halualani, 2008). No studies have been conducted using quantitative and qualitative methods in counselor education. The present study, therefore, explored intergroup contact and attitudes toward diversity of professional counselors using a mixed-methods approach to generate concrete implications and recommendations for counselor educators and supervisors.

Advantages and Limitations of Study Design

This research explored intergroup contact and attitudes toward diversity of professional counselors using a mixed-methods approach to answer both quantitative and qualitative research

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questions (Creswell & Clark, 2011). The rationale for mixing quantitative and qualitative data in single study is grounded in the fact that neither a quantitative nor a qualitative method is sufficient to understand the details of a situation (Ivankova et al., 2006). A mixed-methods design is appropriate when researchers want to “triangulate the methods by directly combining and contrasting quantitative statistical results with qualitative findings for collaboration and validation purposes” or want to synthesize quantitative and qualitative results “to develop a more complete understanding of a phenomenon” within a system (Creswell & Clark, 2011, p. 77). A researcher can answer a more complete range of research questions using the strengths of an additional method to overcome the weakness of another method (Johnson & Onwuegbuzie, 2004).

Despite the many advantages of mixed methods research, several limitations have been discussed among researchers. One key limitation of mixed-methods research is that it is difficult for a researcher to carry out both quantitative and qualitative research because the researcher has to learn multiple approaches and understand how to use them effectively (Creswell & Clark, 2011). Mixed methods research requires time and human resources to collect, analyze, and integrate results (Johnson & Onwuegbuzie, 2004). To overcome potential limitations, the researcher employed a sequential explanatory mixed methods design consisting of two distinct phases: a quantitative survey followed by qualitative interviews (Creswell & Clark, 2011; Hanson et al., 2005; Ivankova et al., 2006; Tashakkori & Teddlie, 2010).

Definition of Terms

The following section provides a brief overview of the main terms in this study. The definitions below pertain to the way in which each term is portrayed in the literature review, procedures, analysis, and discussion of this study.

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Ingroup

Allport (1954) defined an ingroup as “any cluster of people who can use the term *we* with the same significance” (p. 35). Various ingroups are formed by family tradition, schools, race, ethnicity, gender, religion, spirituality, language, occupational status, ideology, law, common interests, forms of etiquette, or groups of friends (Cunningham, 2015). Allport (1954) explained that memberships in ingroups are essential for individual survival, and attachment to ingroups does not mean hostility toward outgroups. Since people naturally prefer familiarities over differences, they tend to stay in ingroups rather than joining outgroups (Allport, 1954).

Outgroups

Outgroups refer to groups that individuals do not belong to based on race, ethnicity, religion, social class, gender, disability status, or sexual orientation (W. G. Stephan & Stephan, 2001). An ingroup implies the existence of outgroups, and the formation of an ingroup or an outgroup by itself does not generate prejudice toward other outgroups (Allport, 1954).

Intergroup Contact

Intergroup contact generally refers to “actual face-to-face interaction between members of clearly defined groups” (Pettigrew & Tropp, 2006, p. 754). Although the contact theory was originally developed for ethnicities or races and primarily focused on the direct contact of face-to-face interaction, it has now expanded to include various social categories and settings in terms of direct and indirect contact, imagined contact, quantity and quality of intergroup contact, or secondary transfer of contact (Harwood, et al., 2011; McKeown & Psaltis, 2017; Pettigrew, 2009; Pettigrew et al., 2007; Stathi et al., 2012; Tausch et al., 2010; Turner & Crisp, 2010; Vezzali & Giovannini, 2012; Vezzali et al., 2010; Visintin et al., 2016; Wright et al., 1997). In

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this research, intergroup contact included both direct and indirect contact among individuals from different cultures or backgrounds.

Universal-Diversity Orientation

Miville et al. (1999) defined universal-diversity orientation (UDO) as “an attitude toward all other persons that is inclusive yet differentiating in that similarities and differences are both recognized and accepted; the shared experience of being human results in a sense of connectedness with people and is associated with a plurality or diversity of interactions with others” (p. 292). Miville et al. (1999) stated that people who value both similarities and differences among others may seek a diversity of experiences with others, and these experiences of diversity allow people to have a sense of connection with others.

CHAPTER II

REVIEW OF LITERATURE

Diversity and Multicultural Training in Mental Health

The concepts of multiculturalism and diversity are generally used interchangeably in the counseling literature, but some scholars distinguish and conceptualize multiculturalism and diversity independently (Arredondo et al., 1996; Parekh, 2001). While the term multiculturalism has been identified as focusing on race, ethnicity, and culture, diversity generally refers to individuals' differences including gender, age, spirituality and religion, sexual orientation, disability, health issues, and other characteristics (Arredondo et al., 1996; Smith et al., 2008; Sue et al., 1992; Tomlinson-Clarke, 2013). From the sociological perspectives, multiculturalism is considered as “a response to diversity that seeks to articulate the social conditions” (Hartmann & Gerteis, 2005, p. 222). Alexander (2001) suggested that ingroup and outgroup members may struggle to understand the qualities of difference, such as being a woman, nonwhite, handicapped, or lesbian, but that it is important to see these qualities as variations instead of stigmatizing their public lives. Since multiculturalism opens up the possibility for increased understanding, which in turn breaks down rigid distinction between ingroup and outgroup members, the differences become a source of cross-group identification by the multicultural mode (Alexander, 2001).

In counselor training programs, educators encourage students to gain multicultural counseling competence to provide ethical and effective counseling interventions for culturally diverse clients. Since the cultural competency standards were approved by the Association of Multicultural Counseling and Development (AMCD) in 1991, the American Counseling Association (ACA) has continued to provide guidelines for multicultural counseling (Arredondo

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et al., 1996; Sue et al., 1992; Tomlinson-Clarke, 2013). For instance, the ACA and various divisions provide competencies for working with clients from their unique backgrounds. For example, Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling (ALGBTIC) and Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) endorse and publish advocacy competencies for counseling LGBTQIA individuals and competencies for addressing spiritual and religious competencies, respectively (ACA, 2014). Other counseling related organizations publish animal assisted therapy competencies, competencies for counseling the multiracial population, multicultural and social justice counseling competencies, and multicultural career counseling competencies (ACA, 2014; see also www.counseling.org).

According to the ACA (2014), multicultural counseling is defined as “counseling that recognizes diversity and embraces approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts” (p. 20). For the practice of multicultural and diversity counseling to promote respect for human dignity and diversity, the ACA (2014) Code of Ethics, section F. 11 c states that,

multicultural/diversity competence counselor educators actively infuse multicultural/diversity competency in their training and supervision practices. They actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice. (p. 13)

Sue et al. (1992) described a conceptual framework for multicultural counseling competence as having three areas: (a) beliefs and attitudes, (b) knowledge, and (c) skills. Sue et al. (1992) referred beliefs and attitudes as “counselor’s awareness of their own assumptions, values, and biases,” knowledge as “counselor’s understanding the worldview of the culturally

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different client,” and skills as “developing appropriate intervention strategies and techniques” (p. 481). In the literature on multicultural counseling competence (e.g., Arthur & Achenbach, 2002; Chao et al., 2011; Sue et al., 1992; Sue & Sue, 2012), multicultural awareness, knowledge, and skills are the main features of Sue and Sue’s model, which has been widely emphasized as a critical framework of multicultural counseling. The ACA also clearly indicates that counselor educators should train students to gain multicultural awareness, knowledge, and skills in multicultural and diversity competencies (ACA, 2014, Standard F. 11.c).

Scholars (e.g., Arthur & Januszkowski, 2001; Castillo et al., 2007; Murphy et al., 2006; Smith et al., 2006) have attempted to explore the impact of multicultural training and found that it positively relates to multicultural awareness, knowledge, and skills. For instance, Arthur and Januszkowski (2001) found that multicultural counseling competence was significantly related to multicultural counseling courses and a high number of culturally diverse clients. Weatherford and Spokane (2013) and Murphy et al. (2006) yielded similar conclusions including a significant positive relationship between multicultural exposures, such as multicultural courses, workshops, and multicultural case conceptualization, and multicultural awareness, knowledge, and skills in the graduate multicultural training. Castillo et al. (2007) found that a multicultural counseling course was related to an increase in cultural self-awareness and a decrease in racial prejudices.

To further ensure that multicultural competence is important to assess in professional counselors, rather than just counselor trainees, Holcomb-McCoy and Myers (1999) conducted a study on multicultural competence and counselor training using a national survey from a stratified sample of 500 members of the ACA. A total of 151 professional counselors responded to the survey. In total, five factors of multicultural competence were extracted, including knowledge, awareness, definitions of terms, racial identity, and skills. Overall, professional

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counselors believed that they were the most competent in defining terms and awareness but were the least competent on racial identity and knowledge. Professional counselors generally perceived themselves to be multiculturally competent but their survey responses indicated they felt their multicultural counseling training had been inadequate (Holcomb-McCoy & Myers, 1999).

Regarding these results, researchers raised questions about the conflicting findings between one's perception of themselves as multiculturally competent and the perception of inadequate graduate level multicultural training. Holcomb-McCoy and Myers (1999) noted that counselors should be required to have ongoing clinical experiences with culturally different clients after completing their degrees to continue to develop multicultural competence. Prior research has demonstrated that contact with culturally different people fosters multicultural competence (Sodowsky et al., 1991; Lee & Richardson, 1991, as cited in Holcomb-McCoy & Myers, 1991).

Since Holcomb-McCoy's and Myers' (1999) study is influential and has been often cited in the multicultural literature, Barden et al. (2017) extended and replicated their study to determine if their findings are still relevant today. Barden et al. (2017) conducted a study with a random sample of 500 ACA members for a national survey and analyzed usable data from 171 participants. Contrary to the five factors in Holcomb-McCoy's and Myers' (1999) study, two factors of multicultural competence, knowledge and awareness, were yielded. Regarding self-perceived multicultural competence, overall professional counselors perceived themselves to be multiculturally competent. Participants responded that they perceived themselves to be more competent in their awareness and less competent in knowledge. Barden et al. (2017) concluded that professional counselors are more competent in their awareness of their own cultures and

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cultural worldview but are limited in their knowledge about clients' cultures. After comparison of the results from Holcomb-McCoy's and Myers's (1999) study, Barden et al. (2017) proposed that professional counselor trainings should be more extensive and incorporate experiential trainings where students can learn others' diverse cultural apprehensions.

Vespia et al. (2010) also conducted a study to investigate multicultural competence with a national sample of 230 career counselors and found that counselors perceived themselves to have above-average cultural competence compared to previous studies (Barden et al., 2017; Holcomb-McCoy & Myers, 1999). Interestingly, the results showed that multicultural counseling practices were not related to the quality of multicultural training or to years of general professional experience. However, counseling experience with clients from diverse backgrounds was associated with multicultural competence, and counselors' multicultural counseling practices were related to multicultural training and multicultural counseling experience (Vespia et al., 2010). With these outcomes, Vespia et al. (2010) proposed that training programs should implement more activities that go beyond traditional classroom instruction, such as reading or writing about multicultural counseling, and instead emphasize practicum students' gain experience working with clients from backgrounds different from their own.

Scholars (e.g., Coleman, 2006; DeRicco & Sciarra, 2005; Tominson-Clarke & Clarke, 2010) have supported the idea of extending multicultural training beyond the traditional classroom settings. For example, Coleman (2006) investigated graduate counseling students' perceptions of multicultural counseling training and found three influential components in the development of multicultural competence including: (a) experiences with colleagues from diverse cultural backgrounds in their multicultural training, (b) didactic and experiential course components, and (c) experiences with culturally diverse others in their personal lives.

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DeRicco and Sciarra (2005) proposed that the experience of direct contact with culturally different persons leads to an opportunity for interpersonal exchange that is fundamental in the counseling profession, emphasizing the immersion experience in multicultural counselor training. The multicultural immersion experience has been used to facilitate learning within multicultural counseling courses or training programs because of the direct contact, and has been found to be effective in multicultural competence for trainers in mental health professions (Cordero & Rodriguez, 2009; DeRicco & Sciarra, 2005, Tominson-Clarke & Clarke, 2010). The immersion experience is grounded in contact theory (Barden & Cashwell, 2013; DeRicco & Sciarra, 2005), which is based on the notion that contact among diverse groups can improve intergroup relations by reducing tensions, misunderstandings, and prejudice (Pettigrew, 1998; C. W. Stephan & Stephan, 1992).

Theoretical Framework of Intergroup Contact Theory

One of the oldest and most well-established theories in the intergroup relationship research is contact theory (Pettigrew, 1998; Pettigrew & Tropp, 2006; Wagner et al, 1989). Gordon Allport (1954), who is widely considered as the father of intergroup contact theory, proposed that intergroup contact is one of the most effective ways of improving intergroup relations and reducing prejudice. In Allport's (1954) classic book, *The Nature of Prejudice*, he stated that people place themselves and others into groups based on similarities or differences related to a personal sense of belonging. Allport (1954) noted that it is difficult to define an ingroup and an outgroup precisely because the sense of belonging is a personal matter. Allport asserted that the best definition of ingroup is "any cluster of people who can use the term *we* with the same significance" (p. 35). Various ingroups are formed by family traditions, schools, organizations, race, ethnicity, gender, religion, spirituality, language, occupation status, ideology,

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law, common interests, forms of etiquette, or groups of friends (Cunningham, 2015). Allport clearly noted that membership in an ingroup is essential for individuals' survival and the ingroup itself does not mean hostility toward outgroups since people prefer familiarities rather than differences. Allport stated "the familiar is preferred. What is alien is regarded as somewhat inferior, less 'good,' but there is not necessarily hostility against it" (p.41). Since an ingroup always implies the existence of some outgroups, and the conception of an ingroup is affected by individuals themselves, the meaning and the importance of ingroup are changed by the stream of time and space (Allport, 1954).

Allport (1954) formulated a contact hypothesis which implies interactions between groups could lead to improved intergroup attitudes and reduced prejudice by specifying four critical situational conditions for intergroup contact. First, the contact situation should assume equality among all participants. Second, individuals of groups in the situation should work toward common goals. Third, the situation of the intergroup contact should require cooperation between groups. Lastly, there should be institutional support for intergroup contact. Allport (1954) hypothesized that:

Prejudice (unless deeply rooted in the character structure of the individual) may be reduced by equal status contact between majority and minority groups in the pursuit of common goals. The effect is greatly enhanced if this contact is sanctioned by institutional supports (i.e., by law, custom or local atmosphere), and if it is of a sort that leads to the perception of common interests and common humanity between members of the two groups. (p. 267)

Researchers have confirmed the importance of contact and have supported the original contact hypothesis formulated by Allport (1954) (Dovidio et al., 2003; Pettigrew & Tropp, 2006,

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2008; Pettigrew et al., 2011). Supports for intergroup contact effects have been found among a variety of situations and groups that used diverse research methods (Hewstone et al., 2014).

Mediating Contact Factors

Pettigrew's and Troop's (2006) meta-analysis is one of the most convincing examples of research evidence showing the effectiveness of intergroup contact (Hewstone et al., 2014). Meta-analytic works showed that intergroup contact affects groups equally well rather than only certain races or ethnicities and that intergroup contact is affected by diverse mediating factors (e.g., Pettigrew & Troop, 2006; Pettigrew & Troop, 2008; Pettigrew et al., 2011). Pettigrew and Troop (2006) conducted a meta-analysis with 713 independent samples from 515 studies of intergroup contact theory to investigate whether Allport's (1954) conditions play a critical role in promoting positive outcomes and in reducing intergroup prejudice. In this study, Pettigrew and Troop (2006) defined intergroup contact as "actual face-to face interaction between members of clearly defined groups" (p. 754) and the intergroup interactions observed directly were included in the analysis.

The results revealed that contact situations that met Allport's (1954) optimal conditions typically led to greater reduction in intergroup prejudice (Pettigrew & Troop, 2006). Two years later, Pettigrew and Troop (2008) argued that intergroup contact was useful to improve intergroup relation in a variety of situations and contexts. Pettigrew and Troop addressed the three most frequently observed mediating factors from their meta-analysis. The main three factors are general knowledge about other groups, intergroup anxiety, and empathy (Pettigrew & Troop, 2008). Each of the three factors will be examined in turn.

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Intergroup Knowledge

Allport (1954) proposed that intergroup contact could facilitate learning about outgroups, and the new knowledge from intergroup contact could change prejudicial attitudes. Indeed, educational programs through lectures, workshops, textbooks, field trips, or volunteering with other groups are able to lessen prejudicial attitudes (W. G. Stephan & Stephan, 2001). Stephan and Stephan (1984) revealed that students who have more contact with an outgroup had more knowledge of outgroup cultures, and more knowledge led to more positive attitudes toward outgroup members. Aydogan and Gonsalkorale (2015) provided support for the role outgroup knowledge plays in their experimental study on intergroup knowledge.

Aydogan and Gonsalkorale (2015) found that participants who received positive feedback on their knowledge about an outgroup had higher knowledge about the outgroup and a lower desire to avoid interaction with the outgroup compared with those who were in the control condition. Aydogan and Gonsalkorale suggested that knowledge about outgroups could be a potential resource for intergroup interactions based on their findings that increased outgroup knowledge reduces negative expectations of intergroup interactions.

Pettigrew and Tropp (2008) showed evidence for knowledge as a mediator of intergroup contact. Interestingly, however, intergroup knowledge was a minor mediator compared to intergroup anxiety and empathy for the contact effect (Pettigrew & Tropp, 2008). Although increased knowledge about another group generates a slightly positive effect in intergroup contact, simply knowing more about an outgroup does not have a strong effect on changing negative attitudes or prejudice and the three mediators are inter-related (Pettigrew & Tropp, 2008; Pettigrew et al., 2011).

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Intergroup Anxiety

Intergroup contact theory highlights the role of anxiety in interactions with people from outgroups. Pettigrew and Troop (2006) described intergroup anxiety as the “feelings of threat and uncertainty that people experience in intergroup contacts” and noted that these feelings could be increased due to individuals’ concerns about “how they should act, how they might be perceived, and whether they will be accepted” (p. 767). Pettigrew and Troop (2008) found that the affective factor of anxiety reduction in an intergroup situation was a more powerful mediator than the cognitive factor of gaining general knowledge about outgroups. A wide range of authors (e.g., Pettigrew et al., 2011; W. G. Stephan & Stephan, 2001; Ybarra et al., 2003) have pointed out that that individuals who have less intergroup contact or who are more prejudiced are more likely to experience intergroup anxiety.

W. G. Stephan (2014), a representative researcher, regarding intergroup anxiety, defined intergroup anxiety as “a type of anxiety that people experience when anticipating or engaging in intergroup interaction” (p. 240). In an early study, W. G Stephan and Stephan (1985) stated that intergroup anxiety is related to “a wide range of feared consequences” (p. 160) based on reality rather than a simple reluctance to engage in interactions, distinguishing intergroup anxiety from other concepts such as culture shock, shyness, social anxiety, and xenophobia. Intergroup anxiety has a broader meaning than the concept of cultural shock, which includes interactions with people of different groups both within a culture and between cultures (W. G Stephan & Stephan, 1985). W. G Stephan and Stephan also pointed out that intergroup anxiety differs from shyness and social anxiety in the way that it may not apply to interactions between two individuals in the same group because intergroup anxiety occurs in interactions between ingroup and outgroup members.

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W. G. Stephan and Stephan (1985) described three basic categories of antecedents of intergroup anxiety: prior intergroup relations, prior intergroup cognitions, and structure of the interaction. Later, W. G. Stephan (2014) integrated personality traits and other personal characteristics and reframed a theoretical model of intergroup anxiety with four categories: personality traits and other personal characteristics, attitudes and other related cognitions, personal experiences, and situational factors. According to W. G. Stephan, personality traits and personal characteristics cause people to be more likely to experience intergroup anxiety due to a fear of negative evaluation by others or negative consequences to the self. People who are “prejudiced, ethnocentric, mistrustful, intolerant of ambiguity and uncertainty, lacking in self-confidence, low in empathy, low in cognitive complexity, and hostile or aggressive” (p. 5) tend to be more fearful of interacting with people from outgroups because they may anticipate being rejected, disliked, ignored, devalued, or violated (W. G. Stephan, 2014).

People who strongly belong to a social group, such as one based on ethnicity or religion, may experience intergroup anxiety due to other groups’ norms, values, and beliefs (W. G. Stephan, 2014). Research on internal factors between ingroups and outgroups has shown that people are more likely to develop more biases toward outgroups than ingroups (Costello & Hodson, 2011; Ybarra et al., 2003).

Individuals higher in social dominance exhibited greater resistance to helping immigrant outgroup members and increased intergroup anxiety (Costello & Hodson, 2011). Individuals with a strong ethnic identity and those who are highly prejudiced believed that outgroup stereotypes were more difficult to disconfirm than ingroup stereotypes (Ybarra et al., 2003). These biases create intergroup anxiety because the internal factors lead people to experience

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negative effect in interactions with outgroups and shift negative traits onto people in outgroups (W. G. Stephan, 2014).

Regarding attitudes and perceptions toward outgroups, W. G. Stephan (2014) proposed that negative perceptions and attitudes toward outgroups promote higher intergroup anxiety which affects other ingroup members. Ingroup members then have negative beliefs lead that lead to negative expectations and concerns about interacting with outgroup members. That is, the intergroup's negative attitudes toward outgroups can cause intergroup anxiety. Numerous studies have shown that negative attitudes, beliefs, and stereotypes toward outgroups are related to intergroup anxiety, and that the anxiety is associated with prejudice toward those who are different (Aberson & Haag, 2007; C. W. Stephan & Stephan, 1992; W. G. Stephan, 2014; W. G. Stephan & Stephan, 2001).

Intergroup Empathy

Empathy is referred to as “the ability to engage in the cognitive process of adopting another’s psychological points of view, and the capacity to experience affective reactions to the observed experience of others” (Davis, 1994, p. 45). Allport (1954) stated that empathy is an important factor in tolerance and described it as “the ability to size up people” (p. 407).

While tolerant individuals are more accurate in their judgement than those who are intolerant, people who lack empathetic abilities cannot trust their skills in dealing with others, so they are forced to be on guard and to put others into stereotypical categories (Allport, 1954). Recent research literature supports this perspective. For example, when social categorization occurred, people tended to have more empathy for ingroup members over those in the outgroup (Kaseweter et al., 2012; Tarrant et al., 2009) and showed more prejudice and less empathetic concerns toward outgroup members (Sidanius et al., 2013).

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Stephan and Finlay (1999) proposed that empathy brought an attitude change while feelings of injustice arouse. Stephan and Finlay explained that people learn about suffering and discrimination from members of an outgroup while empathizing with them. While empathizing with outgroups, people may come to believe that being subjected to unjust treatment is wrong. As a result, people experience cognitive dissonance which is the discrepancy between individuals' current empathic concern and their prior negative attitudes. By reducing dissonance, people change their attitudes toward the previously disliked members of the outgroup (Stephan & Finlay, 1999).

A growing number of researchers have shown that while biases in empathy lead to prejudice, changes in one's empathy toward outgroup members can reduce prejudice and have positive effects on attitudes in interpersonal and intergroup relations (Shih et al., 2013; Stephan & Finlay, 1999; Vanman, 2016; Vescio et al., 2003). Vescio et al. (2003) tested the application of intergroup empathy with 66 college students. Vescio et al. found that participants who had been asked to feel empathy for an African American exhibited improved attitudes toward African Americans in general. Vescio et al. concluded that empathy played a mediational role in the relation between intergroup attitudes and perspective-taking for African Americans. A study on perspective-taking and empathy toward an Asian American showed similar results, in that individuals induced to feel empathy toward an Asian American showed reduced group bias (Shih et al., 2013).

Extension of Contact Theory

Positive face-to-face contact of members between majority and minority groups can improve intergroup relations (Allport, 1954), but a large volume of research on intergroup contact has been expanded since Allport's initial investigations. Although contact theory was

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originally developed on the idea of ingroups and outgroups based on ethnicity and race, it has been expanding around other social categories. Contact theory has also been expanded to include different kinds of contact, such as direct and indirect contact, imagined contact, quantity and quality of intergroup contact, or secondary transfer of contact (e.g., Harwood et al., 2011; McKeown & Psaltis, 2017; Pettigrew, 2009; Pettigrew et al., 2007; Stathi et al., 2012; Tausch et al., 2010; Turner & Crisp, 2010; Vezzali & Giovannini, 2012; Vezzali et al., 2010; Visintin et al., 2016; Wright et al., 1997).

Direct and Indirect Contact

One form of contact that leads to effective outcomes is intergroup friendship (Pettigrew, 1998; Pettigrew & Tropp, 2006). Friendship has been investigated as direct contact (having outgroup friends) and indirect contact (knowing ingroup members who have outgroup friends) (e.g., Pettigrew et al., 2007; Visintin et al., 2016; Wright et al., 1997). To propose a normative explanation for the direct and indirect contact effect of friendship, Pettigrew et al. (2007) analyzed a probability sample of 1,383 German adults that were part of a large project by Heitmeyer (2004). Participants were given two simple questions, “How many of your friends and good acquaintances are foreigners?” (p. 415) for the direct outgroup friendship and “How many of your German friends have friends who are foreigners?” (p. 415) for the indirect outgroup friendship. Pettigrew et al., 2007 found that both direct and indirect contact were highly interrelated and negatively related to prejudices against foreigners, which supports the importance of indirect contact as well as direct contact.

A study by Christ et al. (2010) provided more powerful evidence for the effectiveness of extended contact in diverse intergroup contexts using measures of outgroup attitudes, behavioral intentions, and attitude certainty with cross-sectional and longitudinal samples. The findings

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showed that direct contact had stronger effects on attitudes than extended contact had in cross-sectional data, but extended contact was also strongly related to attitudes in longitudinal data. Christ et al. (2010) proposed that extended contact is possibly the most effective intervention “when individuals live in segregated areas and have only few, or no, direct friendships with outgroup members” (p. 1670).

Much research has focused on the effectiveness of extended contact among majority groups, Visintin et al. (2016) noted that minority groups in multicultural societies may have different outcomes in the experiences of direct or indirect contact due to differences in status and power. With their supposition, Visintin et al. conducted two studies to investigate how extended contact relates to outgroup attitudes among minority groups and found similar outcomes. Visintin et al. found that more knowledge of ingroup members having friends from another minority group was associated with more positive outgroup attitudes.

Imagined Intergroup Contact

Another indirect intergroup contact method is imagined intergroup contact which has been considered effective in improving intergroup relations (Stathi et al., 2012). Crisp and Turner (2009) proposed that imagining the experience of positive intergroup interactions can activate “concepts normally associated with successful interactions with members of other groups” (p. 234). Crisp and Turner defined imagined intergroup contact as “the mental simulation of a social interaction with a member or members of an outgroup category” (p. 234). Imagined intergroup contact has been investigated for supporting the importance of extended contact, and the findings demonstrate that imagined indirect intergroup improves intergroup attitudes toward people from a range of different groups. The different kinds of groups relate to mental illness (Stathi et al., 2012; West et al., 2011), age (Turner & Crisp, 2010), religion

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(Turner & Crisp, 2010), sexuality, and disabilities (Carvalho-Freitas & Stathi, 2017). For example, Stathi et al. (2012) found that participants who imagined a positive contact with an individual with schizophrenia reported reduced feelings of anxiety, less stereotyping, and stronger intentions to engage with people with schizophrenia compared to the control condition. Further analysis showed that the stronger intentions to engage with people with schizophrenia reduced intergroup anxiety (Stathi et al., 2012).

Quantity and Quality of Intergroup Contact

Contact quantity and quality seem to have an effect on attitudes in intercultural relations (Brown et al., 2007; Hutchison & Rosenthal, 2011; Mähönen et al., 2011; Prestwich et al., 2008; Tausch et al., 2007; Turner et al., 2007). Brown et al. (2007) found that contact quantity is more likely to be associated with intergroup attitudes. A longitudinal study on intergroup contact and intergroup attitudes found that the quantity of intergroup contact was predictive of more favorable intergroup attitudes (Brown et al., 2007).

Mähönen et al. (2011) investigated the differences between intergroup contact quantity and quality, perceived importance of contact, and intergroup attitudes. The results showed that the quantity of contact was positively correlated with the quality of contact, but only the quantity of contact was positively correlated with explicit intergroup attitudes. Prestwich et al. (2008) found similar results. The quantity and quality of intergroup contact was positively related, and the quantity of contact was associated with more positive implicit attitudes, while the quality of contact was related to more positive explicit attitudes.

In contrast, some studies have found that contact quality is associated with more positive attitudes. Tausch et al. (2007) tested a model to examine the relationship between contact quantity and quality, relative ingroup status, and intergroup attitudes. The quantity of contact and

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the quality of contact were positively related, and both were highly correlated with outgroup attitudes. In the structural model, contact quality to attitudes led to a significant improvement in the overall fit of the model, and both the quantitative and qualitative contact were negatively related with intergroup anxiety (Tausch et al., 2007). High quality of intergroup contact with Muslims was related to more positive intergroup attitudes toward Muslims (Hutchison & Rosenthal, 2011), and high quality of cross-group friendships predicted more positive outgroup attitudes among elementary school children (Turner et al., 2007).

Secondary Transfer Effect of Contact

The extension of contact theory is explained in terms of secondary transfer effect of contact in order to generalize the effectiveness of contact from the immediate outgroup to the other outgroups that are not directly involved in the contact (Pettigrew, 2009; Tausch et al., 2010). Pettigrew (2009) tested the secondary transfer effect with German national probability surveys through both cross-sectional and longitudinal analyses, using scales of prejudice against six diverse outgroups including resident foreigners, Muslims, the homeless, gays and lesbians, nontraditional women, and Jews. Pettigrew demonstrated that German citizens' contact with foreigners predicted more positive attitudes toward only the homeless and gay and lesbian people. Pettigrew observed that the secondary transfer effect appeared to be strong for outgroups with cultural similarities (e.g., French Europeans after contact with French-speaking Canadians and Muslims in general after contact with resident Muslims) or when equal stigma exists between outgroups (e.g., homeless, and gay men and lesbians).

From varied analyses, Pettigrew (2009) concluded that the secondary transfer effect in intergroup contact existed when there were cultural similarities. Later, Tausch et al. (2010) examined the secondary transfer effect of contact in diverse settings (racial minority outgroups

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and religious outgroups) and through different types of contact (cross-community, neighborhood, and friendship contact). Tausch et al. conducted three cross-sectional studies in Cyprus, Northern Ireland, and Texas and one longitudinal study in Northern Ireland. The results indicated that indirect contact with a primary outgroup predicts attitudes toward secondary outgroups that are not directly involved in the contact (Tausch et al., 2010).

Harwood et al. (2011) examined the interaction of imagined contact and secondary transfer effects of intergroup contact in 158 undergraduate students. Harwood et al. were interested in how the secondary transfer effect of intergroup contact was related to the imagined contact paradigm. In this experimental study, there were three conditions. One group of participants was asked to imagine a positive interaction with an unfamiliar illegal immigrant and the second group was to imagine a negative interaction. The third group of participants was asked to imagine being in an outdoor scene. Participants then rated their feelings toward 21 groups including legal/illegal immigrants, homeless people, Asian Americans, Mexican Americans, Black/White people, women/men, diverse professions, etc.

The results of the study showed that participants who imagined positive contact reported similar attitudes toward illegal immigrants compared to participants who imagined negative contact. In predicting a secondary transfer effect, interestingly, outcomes of the mediation analyses were similar to prior research (Pettigrew, 2009; Tausch et al., 2010) in that the secondary transfer effects existed with stronger effects yielded between groups which share similarities. For example, stronger secondary transfer effects of imagined contact with an illegal immigrant were stronger in relation to homeless people compared to Mexican Americans. Harwood et al. (2011) theorized that perceptions of illegal immigrants are related to socio-economic issues more than ethnicity.

Intergroup Contact in Diversity and Multicultural Training

Diversity and multicultural training programs are intended “to alleviate the problems of intercultural misunderstandings, stereotyping, biased attributions, and fear” (W. G. Stephan & Stephan, 2001, p. 131). The diversity and multicultural training programs in various fields use different techniques including lectures, discussions, language training, videos, role-playing, and in-country training. The essential purpose of these training programs is to enhance intergroup relations with increased awareness of racial, ethnic, and cultural differences within a multicultural society and to increase individuals’ satisfaction with their intergroup experiences (W. G. Stephan & Stephan, 2001).

The National Institutes of Health (NIH) (2013) reported that LGBT individuals face discrimination in the health care system that could lead to inadequate care or a denial of care. The NIH recommends support of more institutional trainings and education programs for health care providers. In the response to these issues, Phelan et al. (2017) examined the amount of bias against gay and lesbian people and factors that may predict the bias among heterosexual first-year medical students. The results of the study showed that more frequent and more positive intergroup contact predicted more positive attitudes toward gay and lesbian individuals. Additionally, greater empathy was associated with more positive explicit attitudes that indicated the medical students’ feelings toward LGBT patients. Phelan et al. (2017) noted that the prevalence of negative attitudes toward lesbian and gay individuals is an important challenge for medical education. Phelan et al. suggested several possible educational interventions with diverse contact experiences for health care providers, such as gay or lesbian speaker panels, constructed imagined contact with gay lesbian individuals, clinical scenarios that include sexual orientation information, and recruiting sexual minority students.

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To ensure how contact is effective in training, Walch et al. (2012) compared the impact of contact to a transgender speaker panel versus a traditional lecture on transphobia. For the experimental study, 45 undergraduate students were randomly assigned into two conditions. In the first group, a transgender panel presentation was followed by a lecture; in the second group, a lecture was followed two days later by a transgender panel presentation. The transgender panel was made up of individuals in different phases of the transition process. The transgender panel discussed their developmental histories and the emotional impacts of their experiences, and the students were engaged in active and cooperative discussion. For the second group, a non-transgender guest speaker, with substantial expertise and experience in transgender issues, lectured on the topic following by a brief period for questions. The results of the study indicated there was an immediate reduction of transphobia following the transgender panel presentation as compared to the traditional lecture. Regarding the findings, Walch et al. concluded that interactions between majority group (ingroup) and minority group (outgroup) members can facilitate improved relationships under the condition of contact and emphasized purposefully structured outgroup contact training instead of a traditional lecture.

Daruwalla and Darcy (2005) also conducted an experimental study to investigate the most effective intervention to change attitudes toward people with disabilities in the tourism industry. In this study, one group received a lecture, a video, role-playing, and contact with people with disabilities as an intervention. The other group received only a lecture and video intervention. Daruwalla and Darcy measured participants' attitudes toward people with disabilities before and after the trainings. The major findings of the study were that the use of contact with people who have disabilities was more effective in changing attitudes compared with an information only intervention (Daruwalla & Darcy, 2005).

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Attitudes Toward Diversity: Universal-Diverse Orientation

The concept of universal diversity orientation (UDO) was introduced by Miville et al. (1999) as:

an attitude toward all other persons that is inclusive yet differentiating in that similarities and differences are both recognized and accepted; the shared experience of being human results in a sense of connectedness with people and is associated with a plurality or diversity of interactions with others. (p. 292)

The preceding definition of UDO includes cognitive, behavioral, and affective components. Miville et al. (1999) stated that people who value both similarities and differences among others (cognitive) may seek diverse experiences with others (behavioral), and these experiences of diversity help people have a sense of connection with others (affective).

Fuertes et al. (2000) identified relativistic appreciation, comfort with difference, and diversity of contact as three components of UDO. Relativistic appreciation emphasizes a cognitive component of UDO, which reflects “an appreciation of both similarities and differences in people and the impact of these similarities and differences on one’s self-understanding and personal growth” (Fuertes et al., 2000, p. 160). Comfort with difference includes an evaluative and affective component that emphasizes the degree of comfort with diverse individuals, and diversity of contact emphasizes a behavioral component that reflects “an interest in and commitment to participating in diverse, internationally focused social and cultural activities” (Fuertes et al., 2000, p. 160).

Vontress (1988, 1996), who influenced Miville et al. (1999) in the formation of the UDO, proposed that awareness and acceptance of the cultural similarities and differences were essential for effective human interaction, particularly for effective multicultural counseling. Miville et al.

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(1999) supported Vontress's (1996) assertion that effective multicultural counseling is based on the belief that human beings share commonalities with each other and have important differences, and that the commonalities and differences exist in a variety of areas such as age, gender, race, abilities, and sexual orientation. Thus, those who have a positive UDO are not only aware of importance of differences, but also appreciate universal similarities (Miville et al. 1999).

UDO has been identified and analyzed in relation to variables, such as racial identity (Singley & Sedlacek, 2009), sexual orientation (Stracuzzi, Mohr, & Fuertes, 2011), personality theory (Strauss & Connerley, 2003; Thompson et al., 2002), empathy (Miville et al., 2006), multicultural competence (Constantine et al., 2001), academic achievement (Singley & Sedlacek, 2004), and intergroup contact (Allenby, 2009). For example, Strauss and Connerley (2003) explored relationships between race, gender, agreeableness, openness to experience, contact, and UDO among 252 university students. The results showed that race, agreeableness and openness to experience related to UDO, mainly due to the relationships with the diversity of contact of UDO. Strauss and Connerley (2013) initially predicted that people with more exposure to diversity would have more positive UDO than those with less exposure to diversity. Strauss and Connerley found that contact was significantly related to diversity of contact in UDO, but relativistic appreciation and comfort with difference of UDO were not impacted by contact. The researchers concluded that contact may encourage people to seek diverse experiences with others, but that contact itself may not ensure that they value or feel more connected to diverse others (Strauss & Connerley, 2003).

In contrast, Allenby (2009) examined perceptions and attitudes toward people with disabilities after direct, indirect, and limited contact showed that direct contact is significantly

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associated to UDO. Allenby compared 196 high school students who had direct contact (one-on-one contact with students who had disability for the voluntary program), indirect contact (academic course with students who had disabilities), and limited contact (no interaction with students who had disabilities but attending same school) and 281 college students who had limited or no contact with individuals who had disabilities. The results of the study demonstrated that high school students who had direct contact showed significantly higher scores in total UDO and all sub-components of UDO than high school and college students who had indirect or limited contact. Allenby (2009) explained that an individual's experiences of direct contact with diverse individuals are related to positive attitudes toward diversity regardless of age.

Much attention has been given lately to UDO in the multicultural counseling research and training literature (Madonna et al., 2001; Miville et al., 2006; Thompson et al., 2002; Wendler & Nilsson, 2009). Previous exposure to multicultural training was a significant factor in predicting UDO among counselors (Yeh & Arora, 2003). School counselors who were more interested in and committed to engaging in diverse cultural activities were more appreciative of the impact others' similarities and differences had in their lives and perceived themselves as possessing some aspects of multicultural counseling competence in working with diverse students (Madonna et al., 2001).

Likewise, in the study on UDO among 120 master's and doctoral students in counseling psychology programs, Wendler and Nilsson (2009) found that time spent engaging in advocacy activities uniquely contributed to higher levels of UDO. Thompson et al. (2002) explored the relationship between personality traits and UDO in counselor trainees in graduate programs and found that openness to experience, one of the five-factor personality traits, was significantly related to UDO in counselor trainees. Miville et al. (2006) examined how culturally relevant

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variables including gender, training experience, UDO, and emotional intelligence were related to empathy among 211 students in graduate level counseling programs. Miville et al. found that UDO and emotional intelligence were significantly related to empathy, but that gender and training experience was not significantly associated with empathy. Miville et al. concluded that being aware and accepting of similarities and differences, as reflected in UDO, may be an important dimension of the ability genuinely take others' perspectives in account, and that more contact with diverse individuals may help them appreciate different perspectives.

CHAPTER III
METHODOLOGY

This chapter depicts a principal philosophical and theoretical framework of the research and outlines a mixed-methods approach that was used in this study. According to Creswell and Clark (2011), researchers using mixed methods collect and analyze both qualitative and quantitative data and integrate or link the forms of data by combining them or by embedding one within the other. Researchers frame these procedures within philosophical worldviews and theoretical lenses (Creswell & Clark, 2011). As a mixed methods approach, the current study employed an explanatory sequential mixed methods design, in which quantitative data were collected and analyzed in the first phase, and then qualitative data were collected and analyzed in the second phase to elaborate on the quantitative data. This chapter serves to describe the theoretical framework for the study, and the participants, measures, procedures, and data analysis procedures.

Philosophical Worldview

Pragmatism

A fundamental premise of this study was the combination of qualitative and quantitative approaches that provided an expanded understanding of research problems (Creswell & Clark, 2011). Tashakkori and Teddlie (2003) asserted that pragmatism is the best philosophical worldview for a mixed methods approach. Pragmatism draws on many ideas using diverse approaches and values both objective and subjective knowledge (Creswell & Clark, 2011; Hanson et al., 2005). Instead of focusing on methods, pragmatists emphasize the research problems employing “what works” and utilizing all approaches available to explore and understand the problems (Hanson et al., 2005, p. 226). Johnson and Onwuegbuzie (2004)

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asserted that pragmatism recognizes the existence and importance of not only the natural or physical worlds, but also the emergent social and psychological world that includes human institutions, languages, cultures, thoughts, and values. Taking a pragmatic position helps researchers take an explicitly value-oriented approach that is derived from cultural values (Johnson & Onwuegbuzie, 2004).

Dialectical Perspective

Some researchers seek to identify one paradigm in order to best fit the worldview of their research, but Greene and Caracelli (2003) asserted that diverse worldviews encourage contradictory ideas and contested arguments. Creswell and Clark (2011) asserted that these oppositions and contradictions indicate different ways of understanding and valuing the social world. Instead of using a single worldview, this perspective advocates for respecting the different paradigmatic perspectives and emphasizes multiple worldviews during the study as well as pragmatism (Creswell & Clark, 2011; Hanson et al., 2005). This perspective asserts that the best paradigm is not determined by the method but by researchers and the research problem (Hanson et al., 2005).

Advocacy and Participatory

Social researchers need to address sensitive social issues, such as power imbalances, marginalization, oppression, and alienation to help shape more equitable societies around the world. Researchers with advocacy and participatory worldviews plan for the social world to be changed for the better (Creswell & Clark, 2011). Mertens (2007) proposed that a variety of quantitative and qualitative methods can be used to gather insights under the transformative framework with a specific concern for power issues in a culturally sensitive way, such as surveys, interviews, or threaded discussions. This mixed methods research can be used to

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cultivate a deeper understanding of the dimensions of diversity and the role of power differentials (Mertens, 2007). Participants actively collaborate in research procedures, producing results that illuminate potentially life-changing advocacy needs and raise the consciousness for all involved. The advocacy lens can guide researchers in how to conduct mixed method research to enhance the understanding of the cultural complexities in the lives of mental health professionals and their clients.

Theoretical Perspective

A theoretical perspective is a standpoint taken by a researcher that provides the direction of a research study (Creswell & Clark, 2011). In the social sciences, theoretical perspectives provide explanatory frameworks that predict and shape the direction of the study and guide the nature of the questions and answers in the study. In the present study, a phenomenological framework was selected for the qualitative phase of this study. The purpose of a phenomenological study is to explore “how human beings make sense of experience and transform experience into consciousness, both individually and as shared meaning” (Patton, 2002, p. 104).

Giorgi (2012) stated that “phenomenology’s main concern is with lived experiences, so precisely how the experiences are lived needs to be described by the experiencer” (p .178), emphasizing understanding individuals’ perceptions and perspectives within their particular situations. Accordingly, the present study explored the intergroup contact and attitudes toward diversity of professional counselors and how they described, defined, and made sense of their contact experience.

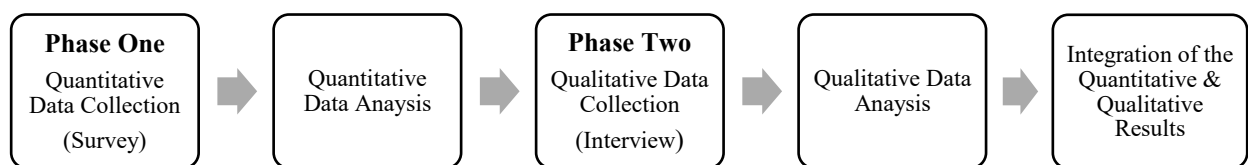
Research Design

This study was designed to explore the relationships between diverse intergroup contact experiences, multicultural training, and attitudes toward diversity among professional counselors. The researcher utilized a mixed methods approach, which allowed her to both explain and explore (Creswell, 2009) using quantitative and qualitative data. The qualitative data served four purposes identified by Greene et al. (1989). The four purposes included a) triangulation (i.e., seeking convergence from different methods, b) complementarity (i.e., seeking an enriched elaborated understanding of the phenomenon, c) development (i.e., helping inform the second method by using the first method), and d) initiation (i.e., discovering fresh perspectives and insights by contradiction and paradox with different methods) (Greene et al., 1989).

One type of mixed methods research designs is called sequential mixed methods. The sequential mixed methods design has two distinct phases. It starts one type of data collection first and uses the data analysis for the second type of data collection (Creswell & Clark, 2011). This study used an explanatory sequential mixed design, which began with the researcher collecting and analyzing quantitative data. The second phase followed by the collection and analysis of qualitative data which was used to elaborate and explain the first phase quantitative data as illustrated in Figure 1 below (Creswell & Clark, 2011; Hanson et al., 2005).

Figure 1

Overview of the Study Design



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The two phases of this explanatory sequential mixed methods study are shown in Figure 1 above. The first phase involved collecting quantitative data through the online survey tool Qualtrics. The quantitative data was analyzed and used as a screening tool to identify potential interview participants for the second study phase. In the second phase, interview participants were asked to describe their contact experiences and the meaning of the experiences during a semi-structured interview. Each participant was interviewed one time for approximately 45 minutes via a videophone or a face-to-face.

Participants

Participants in the current study were professional counselors who had a minimum of a master's degree in counseling or a related field, and who were either fully or provisionally licensed with their issuing state. Upon receiving Institutional Review Board (IRB) approval (Appendix A), the researcher began recruiting participants by sending an email that included an invitation letter (see Appendix B), informed consent (Appendix C), and a link to a Qualtrics survey (Appendix D) to various mental health professional listservs and social media websites, such as Facebook, Counselor Education and Supervision Network (CESNET), and Counseling Graduate Students (COUNSGRADS). Potential participants were emailed the invitation to participate, a brief explanation of the study, a link to the informed consent, demographic questions, and a short scale through the online survey tool Qualtrics for the first study phase.

A survey powered by Qualtrics online software was used to collect quantitative data, and the collection and the analysis gained from the first study phase were used as a screening tool to identify potential interview participants for the second study phase. To qualify for participation in this study, respondents must have indicated on the Qualtrics survey that they held at least a master's degree in counseling or a related field and a professional counseling license or

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certification issued fully or provisionally by their state professional counselor licensure boards. Those participants who qualified were asked whether they would be willing to be contacted by the researcher about participating in an interview and were asked to provide contact information.

The informed consent form provided prospective participants with a brief explanation of the purpose of the study, potential risks and benefits of participation, contact information for the principle investigator, faculty advisor, Department of Counseling and Human Services at St. Mary's University, and IRB approval statement. The researcher contacted participants only using contact information provided by themselves to minimize the potential for coercion.

Purposive Sampling

In qualitative research, participants are purposefully selected because they have experienced the central phenomenon being explored in a study (Creswell & Clark, 2011). The researcher invited participants from the first phase of the study to participate in the second phase qualitative interview. Based on participants' quantitative data, the researcher identified potential interview participants for the second phase qualitative interview.

Moustakas (1994) asserted that phenomenological researchers can best understand a phenomenon by engaging participants with intense experiences of the phenomenon under study. Therefore, the researcher selected interview participants from those who reported above "occasionally" in their frequency of intergroup contact and who perceived their intergroup contact as above "important" in the first phase of the study. In addition, the demographic composition of the participants in the first phase of the study were considered while selecting the final 8 participants for the interview. The researcher purposefully selected participants for the interview to explore how they described, defined, and made sense of their contact experience.

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Cost and Risk to Subject

The sample population for the mixed methods study consisted of professional counselors who had a minimum of a master's degree in counseling or a related field and were therefore assumed to be able to access the internet and to have other electronic means of communication. Upon completion of the interview for the second phase of the study, all interview participants received a \$15 Amazon gift card. Estimated time for participating in this research study ranged from 15 to 60 minutes. Longer time estimates applied to participants who volunteered to complete both phases of the study. The researcher took steps to minimize the time spent for participants by (a) using a clear e-mail for recruiting participants that had a short statement about the inclusion criteria, (b) using audio or video recording of the interviews to assist in transcription (c) using clear and direct communication via email regarding scheduling, and (d) ensuring participants' understanding that they can withdraw their consent to participate at any time during the study.

Privacy

The researcher ensured the participants that the informed consent was an ongoing process. It was made clear that participants knew they could decline sharing information, and that they could withdraw from the study at any point, and during any phase. In the first phase of the study, any identifiable data was stored electronically using an online encrypted software such as Qualtrics and the St. Mary's University e-mail server. In the second phase of the study, interviews were conducted in a private location. Interviews were recorded on a digital recorder, and the audio files were transferred to researcher's password protected private laptop immediately after the interview and were saved to a password-protected folder on a laptop and USB. MAXQDA software was used to analyze and maintain interview transcripts, using

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pseudonyms only. Transcripts of interviews were sent by e-mail for the purpose of member checking, and the researcher transmitted the data through a private password-reset email account to prevent unauthorized access.

Measures

Demographics and Multicultural Training Experiences Questionnaire

Participants were asked to complete a brief demographic questionnaire regarding their backgrounds and clinical experience. They were asked to indicate their age, gender, race/ethnicity, highest level of education, years of clinical experience and the type of setting in which they worked. Participants were also asked to describe the nature of the multicultural information gleaned in their respective education program and the of training program, and the frequency of diversity and multicultural training they pursued on their own.

Intergroup Contact Experience

Two items were used to determine the quantity of contact experience with people from different cultures. Participants were asked: “Please indicate the extent to which you personally have contact with friends, schoolmates, neighbors, or co-workers who are different/diverse from you?” and “Please indicate the extent to which you have contact with clients who are different/diverse from you as a professional counselor?” Participants were also asked to indicate their frequency of intergroup contact using a response scale from 1 (never) to 6 (very often). The questions were revised from previous contact research (Islam & Hewstone, 1993; Tausch, et al., 2011; Voci & Hewstone, 2003).

Importance of Contact

To assess the importance of contact, two questions were asked: “How important are these contacts to you personally?” and “How important are these contacts to you as a professional

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counselor?” Participants responded from a scale with choices ranging from 1 (not at all important) to 6 (extremely important). The measure used by Dick et al. (2005) was adapted and revised for the mental health field.

Miville-Guzman Universality-Diversity Scale-Short Form

The Miville-Guzman Universality-Diversity scale-short form (MGUDS-S) (Fuertes, et al, 2000) measures an individual’s universal-diverse orientation (UDO), which is defined as “an attitude of awareness and acceptance of both similarities and differences that exist among people” (Miville et al, 1999, p. 294). The MGUDS-S is comprised of 15 items and uses a 6 points Likert-type scale, ranging from (1) strongly disagree to (6) strongly agree. It is scored for a total and three subscales with five items from each of three MGUDS-S subscales: Diversity of Contact, Relativistic Appreciation, and Comfort with Difference. Higher scores indicate higher level of the cognitive, behavioral, and affective domains of universal-diverse orientation (see Table 1 for description and sample items).

Miville et al. (1999) developed the original MGUDS (long form) with 45 items and demonstrated its reliability and validity through four studies. Alpha coefficients for the MGUDS over a series of studies ranged from .89 to .95. Miville et al. found evidence that the MGUDS correlated with racial identity, empathy, feminism, homophobia, and dogmatism.

In the three factor-analytic studies with a short form of the MGUDS-S, Fuertes et al. (2000) found that the short form appeared conceptually similar to the original long form created by Miville et al. (1999). The short and long form showed a strong and positive correlation ($r = .77, p < .001$).

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Table 1

Sample Items of Miville-Guzman Universality-Diversity Scale

Subscales	Description	Sample Items
Diversity of Contact	Individual's interest in participating in diverse social and cultural activities	<ul style="list-style-type: none">- I would like to join an organization that emphasizes getting to know people from different countries.- I am interested in learning about the many cultures that have existed in this world.
Relativistic Appreciation	The extent to which students value the impact of diversity on self-understanding and personal growth	<ul style="list-style-type: none">- I can best understand someone after I get to know how he/she is both similar to and different from me.- Knowing how a person differs from me greatly enhances our friendship.
Comfort with Differences	Individual's degree of comfort with diverse individuals (All of these items are reverse scored)	<ul style="list-style-type: none">- Getting to know someone of another race is generally an uncomfortable experience for me.- I often feel irritated with persons of a different race.

Data Collection and Analysis Procedures

Quantitative Phase

The quantitative research questions that guided the first study phase of the study were:

1. What is the relationship between the quantity of intergroup contact and the importance of intergroup contact?
2. What are the relationships among demographic characteristics, exposure to multicultural/diversity training, and intergroup contact?
3. What are the relationships among demographic characteristics, exposure to multicultural/diversity training, intergroup contact, and attitudes toward diversity?

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4. Does exposure to multicultural/diversity training and intergroup contact predict attitudes toward diversity?

Data Collection. The data collection method for the quantitative phase of the study consisted of an online survey (Appendix D). A link to the survey was sent via email to participants using various mental health professional listservs and social media websites. The invitation email included a brief explanation of the study and a link to a Qualtrics survey.

Quantitative Analysis. To analyze the quantitative data, statistical analyses were carried out using SPSS software. Using descriptive analysis, correlation analysis, and hierarchical multiple regression analyses, the quantitative data were analyzed to explore the relationships between intergroup contact experiences, multicultural training, and diversity attitudes.

Qualitative Phase

Interview Protocol Development. As a transcendental phenomenological approach, the interview questions were developed focusing on the wholeness and meaning of the experiences. Moustakas (1994) recommended that phenomenological researchers ask questions designed to help them understand the meaning of participants' experiences. The content of the interview protocol was grounded in the quantitative results from the first phase of the study because the goal of the qualitative phase of the explanatory sequential mixed method was to explore and elaborate on the results of the quantitative data (Creswell & Clark, 2011). The interview protocol was presented in Appendix E.

Data Collection. The collection and the analysis gained from the first phase of the study was used as a screening tool to identify potential interview participants for the second phase of the study. In the first phase of the study, participants were asked whether they were willing to be contacted by the researcher about participating in an interview and if so, they were invited to

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provide their contact information. Potential interviewees were selected considering their demographic characteristics, such as age, gender, ethnicity, clinical experiences and their scores on the measurements completed in phase one of the study. This method allowed for the preservation of multiple perspectives on intergroup contact. Individual interviews were conducted using Zoom, a videoconference platform, and were recorded with participants' permission. Interviews lasted approximately 45 to 70 minutes.

Qualitative Analysis. A phenomenological approach was used to generate participants' narratives during which they shared their thoughts, perceptions and experiences. According to Moustakas (1994), phenomenological research has a structured method of analysis, focusing on the wholeness and essence of the experience. Moerer-Urdahl and Creswell (2004) analyzed their phenomenological data using a four-step systematic approach. Moustakas (1994) also described steps for the transcendental analysis of qualitative data, which were subsequently simplified by Creswell (2013). The researcher followed Creswell's methods that included the following steps:

1. Identify significant statements: Significant Statements.
2. Cluster the significant statements into themes or meaning unities: Meaning Unites or Themes.
3. Write a description of what participants experienced with the phenomenon and how the experience happened: Structure and structure description.
4. Synthesize a composite description of both textual and structure descriptions: The essence of the experience.

In the first step, significant statements were gleaned from sentences from the transcripts. Initially, significant statements were treated as having equal value, and overlapping statements and irrelevant statements to the topic were eliminated such that the researcher could focus on

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relevant information (Moustakas, 1994; Moerer-Urdahl & Creswell, 2004). For the second step, the researcher examined the identified significant statements to cluster them into meaning units or themes. After each transcript was individually analyzed, they were sorted and combined into one file which was reanalyzed. The significant statements were then reduced into small clusters of meaning units (Creswell, 2013; Moerer-Urdahl & Creswell, 2004).

After the thematic analysis, the researcher focused on what was experienced in the phenomenon (textual descriptions) and how the experiences happened in the phenomenon (structural descriptions) regarding their intercultural contact experiences. Quotes that fully describe participants' experiences were gleaned from the transcripts. These textual and structural descriptions were selected as a way to help readers understand how the participants collectively experienced the phenomenon (Creswell, 2013). The qualitative data analysis program, MAXQDA, was used to analyze the qualitative data.

Member Checking. Member checking is one way to establish credibility in qualitative studies (Creswell, 2013). All interviews were transcribed verbatim by the researcher, and the transcripts were sent as a password protected file via each to each participant. The participants checked their transcripts for accuracy and revised or added to them if necessary. The researcher used participants' own words as much as possible in the analysis and included them in the results to enable the reader to understand their lived experiences with the phenomenon (Creswell, 2013).

CHAPTER IV

RESULTS

Quantitative Data

Participant Demographics

A total 161 individuals responded to the online survey, but 24 participants were eliminated due to incomplete survey responses. A total of 137 participants were included in the final analysis. Of the participants, 75.2% were full licensed counselors and 24.8% were licensed provisionally. The participants were predominantly females, representing 86.9% of the participants, while males represented 11.7% of the participants. The participants self-identified as 59.1% White/Caucasian, 14.6% Hispanic/Latino, 13.1% Black/African American, 7.3% Asian, 3.6 Mixed Race, 7% Native American, and 2.1% Other (self-identified as Jewish and Middle Eastern). Most of the participants had a master’s degree. The majority of participants worked in a private practice. Participants’ clinical experience ranged from 1 to 49 years as a professional counselor. Participants’ mean years of experience was 10.12 years. Participants’ demographic information is detailed in Table 2.

Table 2

Participants’ Demographic Information

Characteristics	<i>N</i>	%
Gender		
Female	119	86.9
Male	16	11.7
Prefer not to say	2	1.5
Age		
20s	23	16.8
30s	56	40.9
40s	25	18.2
50s	20	4.6
60s and more	13	9.5

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Race/Ethnicity		
African American/Black	18	13.1
Asian	10	7.3
Hispanic/Latino/a	20	14.6
Native American	1	.7
White/Caucasian	81	59.1
Mixed Race	5	3.6
Not listed	2	1.5
Highest degree		
Masters	113	82.5
Doctorate	24	17.5
ACA Member		
Yes	58	42.3
No	79	57.7
Region		
Midwest	34	24.8
North Atlantic	27	19.7
Southern	64	46.7
Western	12	8.8
Working Setting type		
K-12 School	4	2.9
Hospital	4	2.9
Private Practice	45	32.8
Community/Nonprofit Agency	43	31.4
College/University Counseling	16	11.7
Higher Education/Counselor Educator	13	9.5
Correctional Facility/Jail	4	2.9
Government Agency	5	3.6
Not listed	3	2.2
Years of Clinical Experience		
1-5	59	43.1
6-10	35	25.5
11-15	14	10.2
16-20	14	10.2
21-25	3	2.2
26-30	7	5.1
31-35	4	2.9
Over 35	1	.7

Note. $N = 137$.

Quantitative Analyses

Research Question One: Relationship between Quantity of Intergroup Contact and Importance of Intergroup Contact. Participants indicated their frequency of intergroup contact on a scale that ranged from 1 (never) to 6 (very often). Table 3 shows the ratings reported by participants. Approximately 50% of the participants responded that they “very often” have personal contact with people who are from different cultures, and 30.7% of the participants responded that they “often” have personal contact. In the clinical contact experience, 43.8% of the participants indicated that they “very often” have contact with clients who are from different cultures and 30.7% of the participants indicated the frequency of their clinical contact as “often.”

Table 3

Quantity of Contact

	Personal Contact	Clinical Contact
	<i>N</i> (%)	<i>N</i> (%)
Never	0 (.0)	1 (.7)
Very Rarely	1 (.7)	1 (.7)
Rarely	2 (1.5)	5 (3.6)
Occasionally	25 (18.2)	20 (14.6)
Often	42 (30.7)	50 (36.5)
Very Often	67 (48.9)	60 (43.8)

Note. *N* = 137.

Participants identified the importance of their personal and clinical contact experiences with people who are from different cultures, using a 6-point Likert-scale. As Table 4 shows, 38% of the participants identified their personal intergroup contact as “extremely important” and 36.5% identified it as “very important.” In terms of clinical intergroup contact, 40.9% of the

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participants identified the importance of their clinical intergroup contact as “very important” and 38.7% identified it as “extremely important.”

Table 4

Importance of Contact

	Personal Contact	Clinical Contact
	<i>N</i> (%)	<i>N</i> (%)
Not at All	0 (.0)	1 (.7)
Slightly Important	4 (2.9)	2 (1.5)
Important	12 (8.9)	12(8.8)
Fairly Important	19 (13.9)	13 (9.5)
Very Important	50 (36.5)	56 (40.9)
Extremely Important	52 (38.0)	53 (38.7)

Note. *N* = 137.

Table 5

Means, Deviations, and Correlation of Intergroup Contact

Variables	<i>M</i>	<i>SD</i>	1	2	3	4
Personal Contact						
1. Quantity	5.26	.86	—	.52*	.41*	.33**
2. Importance	4.98	1.07		—	.27**	.68**
Clinical Contact						
3. Quantity	5.17	.94			—	.40**
4. Importance	5.04	1.04				—

Note. *M* and *SD* are used to represent mean and standard deviation.

**p* < .05. ** *p* < .01.

Table 5 includes the means, standard deviations, and intercorrelations for the quantity and importance of intergroup contact. The Pearson product-moment correlation coefficient was

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calculated to assess the relationship between personal contact and clinical contact. Results indicated that all variables were significantly related to each other. That is, there was a significant positive relationship between personal contact and clinical contact in frequency and importance.

Research Question Two: Relationships among Demographic Characteristics, Exposure to Multicultural/Diversity Training, and Intergroup Contact. Table 6 details the frequencies of participants responses related to their educational programs and their post-graduate multicultural or diversity training.

Table 6

Exposure to Multicultural/Diversity Training

Characteristics	N (%)
Multicultural/diversity Course	
Little or no multicultural information presented in any course	7 (5.1)
One course focused on multicultural information	50 (36.5)
More than one course focused on multicultural information	35 (22.5)
Multicultural information infused in almost every core course in my program	45 (32.8)
Multicultural/diversity Training	
Never	10 (7.3)
Rarely	26 (19.0)
Occasionally	63 (46.0)
Frequently	30 (21.9)
Very Frequently	8 (5.8)

Note. N = 137.

When participants were asked how their counseling programs presented multicultural information, 25.5% of the participants responded that more than one course focused on

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multicultural information, and 32.8% responded that multicultural information infused in almost every core course in their programs. Approximately 46% of the participants answered that they occasionally attend professional workshops on diversity or multicultural counseling and 21.9% frequently attend those workshops. To explore any relationship among demographic characteristics, exposure to multicultural/diversity training, and intergroup contact, the Pearson-product moment correlation coefficient was calculated. Table 7 presents the correlations of the variables.

Table 7

Correlations of Demographic Characteristics, Multicultural Training, and Intergroup Contact

Variables	1	2	3	4	5	6	7	8
1. Age	—	-.04	-.23**	.13	-.06	-.04	-.07	-.04
2. Gender		—	-.06	.07	.02	.02	.20*	.32**
3. Multicultural Course			—	.04	-.01	.13	.10	.07
4. Multicultural Training				—	.12	.17*	.26**	.24**
5. Quantity of Personal Contact					—	.41**	.52**	.33**
6. Quantity of Clinical Contact						—	.27**	.40**
7. Importance of Personal Contact							—	.68**
8. Importance of Clinical Contact								—

Note. For gender 1 = male and 2 = female.

* $p < .05$. ** $p < .01$.

The demographic characteristics included age, gender, race, years of clinical experience, and working settings to calculate correlations, but only the results of age and gender were presented because there was no relationship among other variables. Interestingly, the multicultural course that participants attended during their counselor training programs had no

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association with any other variables. However, frequency of attending professional workshops on diversity and multicultural counseling were found to be significantly related with quantity of clinical contact ($r = .17, p < .05$) and perceived importance of both personal and clinical contact ($r = .26, p < .01; r = .24, p < .01$). As mentioned above, frequent intergroup contact experiences and perceived importance of their contact experiences were associated with personal and clinical intergroup contact.

Research Question Three: Relationships among Demographic Characteristics, Exposure to Multicultural/Diversity Training, Intergroup Contact, and Attitudes toward Diversity. Descriptive statistics for the participants' responses to the Miville-Guaman Universality-Diversity Scale-short form (MGUDS-S) subscale are presented in Table 8.

Table 8

Descriptive Statistics of Miville-Guaman Universality-Diversity Scale

Subscales	Items	<i>M</i>	<i>SD</i>
Diversity of Contact	5	4.75	.75
Relativistic appreciation	5	4.92	.70
Comfort with Differences	5	5.10	.71
Universal-Diverse Orientation (Overall)	15	4.90	.50

Intercorrelations for all variables used in the study are presented in Table 9. The average of overall attitudes toward diversity was 4.9 out of 6 and the average scores on the subscales were 4.75 (Diversity of Contact), 4.92 (Relativistic Appreciation), and 5.1 (Comfort with Differences). In this study, the correlations between UDO and MGUDS-S subscales were .76 (Diversity of Contact), .66 (Relativistic Appreciation), and .68 (Comfort with Differences)

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respectively. The intercorrelations between the subscales ranged from .10 to .30, indicating discriminant validity.

All variables, except age and multicultural course, were found to be significantly related with overall attitudes toward diversity. Gender was positively correlated with importance of personal and clinical contact ($r = .20, p < .05$; $r = .32, p < .01$), comfort with difference subscale of MGUDS-S and overall attitudes toward diversity ($r = .28, p < .01$; $r = .24, p < .01$). Multicultural training was positively correlated with quantity of clinical contact ($r = .17, p < .05$), importance of personal and clinical contact ($r = .26, p < .01$; $r = .24, p < .01$), and diversity of contact and relativistic appreciation subscales of MGUDS-S ($r = .27, p < .01$; $r = .20, p < .01$).

Both quantity of personal and clinical contact were positively correlated with the diversity of contact subscale of MGUDS-S ($r = .36, p < .01$; $r = .19, p < .05$). Perceived importance variables of personal contact and clinical contact were positively correlated with the comfort with diversity subscale of MGUDS-S ($r = .31, p < .01$; $r = .22, p < .01$), but quantity variables of intergroup contact were not related to the subscale. Only quantity of personal contact was positively correlated with the relativistic appreciation subscale of MGUDS-S ($r = .5, p < .05$). In the subscales of MGUDS-S, the diversity of contact was related significantly with all MGUDS-S subscales.

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Table 9

Correlations of All Variables

	1	2	3	4	5	6	7	8	9	10	11	12
1. Age	—	-.04	-.23**	.13	-.06	-.04	-.07	-.04	-.02	-.10	-.08	-.09
2. Gender		—	-.06	.07	.02	.02	.20*	.32**	.13	.09	.28**	.24**
3. Multicultural Course			—	.04	-.01	.13	.10	.07	.07	.13	.14	.16
4. Multicultural Training				—	.12	.17*	.26**	.24**	.27**	.20*	.58	.25**
5. Quantity of Personal Contact					—	.41**	.52**	.33**	.36**	.07	.16	.29**
6. Quantity of Clinical Contact						—	.27**	.40**	.19*	.13	.09	.19*
7. Importance of Personal Contact							—	.68**	.41**	.08	.31**	.38**
8. Importance of Clinical Contact								—	.36**	.10	.22**	.33**
9. Diversity of Contact									—	.26**	.30**	.76**
10. Relativistic Appreciation										—	.12	.65**
11. Comfort with Differences											—	.68**
12. Universal-Diverse Orientation												—

Note. 9, 10, and 11 are subscales of Miville-Guzman Universality-Diversity Scale-short form (M-GUDS-S); 12 is the overall score for the M-GUDS-S; For gender 1 = male and 2 = female.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Research Question Four: Multiple Regression Analysis Predicting Universal-Diversity Orientation.

To determine which independent variables of exposure of multicultural training and intergroup contact significantly predict universal-diversity orientation (UDO) that indicates overall attitudes toward diversity, a hierarchical multiple regression was conducted. Since multicultural courses that participants attended in their counseling graduate school programs were found not to be related with all variables in correlation, the multicultural course was excluded in the hierarchical multiple regression analysis.

First, a preliminary analysis of the data was done to determine whether it met the assumptions necessary for the multiple regression model: linear relationship, multivariate normality, and no multicollinearity. Scatter plots, P-P plots, histograms of standardized residuals, and variance inflation factors (VIFs) confirmed that the data met the assumptions.

Table 10 provides a summary of the findings from the hierarchical regression analysis. Multicultural training was entered in the first step of the hierarchical regression for UDO. The quantity of intergroup contact variables was entered in the second step, and the perceived importance of intergroup contact variables were entered in the third step. In the first step of the hierarchical regression, multicultural training contributed significantly to the regression model, $F(1, 135) = 9.08, p < .01$, and explained 6 % of variance in UDO. After entry of intergroup contact variables for quantity at step two, the model explained an additional 7% of the variation in UDO, $F(3, 133) = 6.90, p < .001$. Multicultural training and quantity of personal contact were significant in this model ($B = .11, p < .05$; $B = .24, p < .01$, respectively), while quantity of clinical contact was not found to be significant. Adding perceived importance of intergroup contact variables to the regression model as a whole explained an additional 6% of the variation

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in UDO, $F(5, 131) = 6.18, p < .001$. However, all five independent variables did not contribute significantly to the final regression.

Table 10

Summary of Hierarchical Regression Analysis Predicting Universal-Diverse Orientation

Variable	Step 1			Step 2			Step 3		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Multicultural Training	.13	.04	.25*	.11	.04	.21*	.08	.04	.15
Quantity of Personal Contact				.14	.05	.24**	.07	.06	.13
Quantity of Clinical Contact				.03	.05	.06	.01	.05	.02
Importance of Personal Contact							.09	.06	.19
Importance of Clinical Contact							.06	.05	.12
R^2		.06			.14			.19	
Adjusted R^2		.06			.12			.16	
ΔR^2		.06			.07			.06	
<i>F</i>		9.08**			6.90***			6.18***	

Note. Dependent variable is UDO.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Summary of the Quantitative Data

In the survey, 48% of participants responded that they “very often” experienced personal contact with people from different cultures, and 30.7% of the participants responded that they “often” experienced personal intergroup contact. Approximately 38% of the participants identified their personal intergroup contact as “extremely important” and 36.5% identified it as “very important.” Regarding clinical contact experience, 43.8% of the participants indicated that they “very often” had intergroup contact with clients who are from different cultures and 30.7%

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of the participants indicated the frequency of their clinical contact as “often.” Approximately 40.9% of the participants identified the importance of their clinical intergroup contact as “very important” and 38.7% identified it as “extremely important.” While 36.5% of the participants indicated that only one course in their graduate training program focused on multicultural information, 32.8% of them reported almost every core course in their program infused multicultural information. Regarding additional multicultural training, 46% of the participants occasionally attended professional workshops or conferences related to the topic of diversity or multicultural counseling.

First, correlation analysis was conducted to identify the relationships between demographic characteristics, exposure to multicultural/diversity training, intergroup contact, and attitudes toward diversity. Demographic characteristics included age and gender, and exposure to multicultural/diversity courses in graduate counseling programs and multicultural training experiences related to multicultural counseling and diversity. All variables, except age and multicultural course, were found to be significantly related with overall attitudes toward diversity. Gender was positively correlated with the importance of personal and clinical contact ($r = .20, p < .05$; $r = .32, p < .01$) and comfort with difference on the MGDUS-S subscale and overall attitudes towards diversity ($r = .28, p < .01$; $r = .24, p < .01$). Multicultural training was positively correlated with quantity of clinical contact ($r = .17, p < .05$), importance of personal and clinical contact ($r = .26, p < .01$; $r = .24, p < .01$), and diversity of contact and relativistic appreciation on the MGDUS-S subscales ($r = .27, p < .01$; $r = .20, p < .01$). Both quantity of personal and clinical contact was positively correlated with diversity of contact on the MGDUS-S subscale ($r = .36, p < .01$; $r = .19, p < .05$).

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Furthermore, hierarchical regression analysis was conducted to explore which variables were significant predictors of intergroup attitudes as measured by Universal-Diverse Orientation (UDO). Multicultural training contributed significantly to the regression model in the first step of the hierarchical regression and explained 6 % of variance in UDO. Multicultural training and quantity of personal contact were significant to the regression model in the second step, and the model explained an additional 7% of the variation in UDO. Adding perceived importance of intergroup contact variables to the last regression model explained an additional 6% of the variation in UDO, but all five independent variables did not contribute significantly to the final regression.

Qualitative Data

Participant Demographics

Considering the demographic composition of the participants in phase one of the study, the researcher invited a diverse group of participants for phase two of the study. This second phase focused on eight participants, all of whom shared their personal and clinical intergroup contact experiences as professional counselors. Table 11 presents the demographic information and score of UDO that indicates overall attitudes toward diversity on these eight participants.

The participants were six females (75%) and two males (25%), which was consistent with the gender composition for phase one of the study (86.9% female and 11.7% male). Three participants indicated their age as 30s (37.5%), two were 60s (25%), and the remaining three participants were 20s (12.5%), 40s (12.5%), and 50s (12.5%). Racial and ethnic composition from phase one of the study was also considered. Four participants identified as White/Caucasian (50%) and the other four participants identified as Asian (12.5%), Black/African American (12.5%), Hispanic/Latino (12.5%), and Mixed Race (12.5%). Five participants (62.5%) held a

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master's degree and three participants (37.5%) held a doctorate degree. Five participants were from a southern region, and three were from Midwest, North Atlantic, and Western regions.

Years of clinical experiences ranged from 3 to 30 years. The mean of UDO scores of participants in this second phase of the study was 4.9. The mean of UDO score in the first phase of the study was also 4.9.

Table 11

Participants Demographic Information

Name	Gender /Age	Race/Ethnicity	Highest Degree	Region	Working setting	Years of Clinical Experiences	Universal-Diverse Orientation (Overall)
Amy	F/50s	White/Caucasian	Masters	Midwest	Community	12	4.80
Bella	F/60s	Hispanic/Latino	Masters	Southern	Community	11	4.93
Gina	F/30s	Mixed	Masters	Southern	Community	8	5.47
Dee	F/30s	White/Caucasian	Masters	Southern	University Counseling Center	10	5.20
Mike	M/60s	White/Caucasian	Ph.D.	Southern	Private Practice	30	4.00
Gary	M/40s	White/Caucasian	Ph.D.	North Atlantic	Community	18	4.13
Jenny	F/20s	Asian	Masters	Western	Community	3	5.40
Kate	F/30s	Black/African American	Ph.D.	Southern	Professor	13	5.27

Amy is a white woman in her 50s. She worked at community counseling centers for 12 years in the Midwest region and is now taking time off for her health. She used to live near the Navajo Reservation in Arizona, which influenced her in understanding other cultures. Bella is a

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Hispanic woman in her 60s. She has worked at a community counseling center for 11 years in the Southern region as a professional counselor and supervisor. She worked at a major corporation before studying counseling. Gina is a mixed race woman in her 30s. She is a doctoral student and has been working at a community mental health counseling center and private practice setting in the Southern region for 8 years. Her mixed race and interracial marriage affected her understanding of intergroup contact. Dee is a white woman in her 30s. She has been working with college students including international students at a university counseling center in the Southern region for 10 years. The primary issues she sees in the college students she counsels are diverse and range from adjustment to college, homesickness, test anxiety to trauma concerns. Mike is a white man in his 60s. He works in private practice and has over 30 years of clinical experience in the Southern region. He worked at a college counseling center before branching off into private practice. Gary is a white man in his 50s. He worked at community counseling organization serving children and families that had been impacted by child abuse and exposure to domestic violence for 10 years in the North Atlantic region. He has a disability from an automobile accident, and the experience propelled his interest into working with individuals with disabilities. Jenny is an Asian woman in her 20s. She is a doctoral student and worked at community counseling center for 3 years in the Southern region. She recently moved to the Western region and continues working with clients. She was passionate about the LGBTQ issues and shared her experiences in LGBTQ community. Kate is an African American woman in her 30s. She was a professor at a university in the Southern region. She emphasized feeling safe to discuss cultural issues and shared her intergroup experiences as an educator and supervisor.

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Significant Statements and Themes

The first step in the analysis was the identification of significant statements in the transcripts that provided information about the intergroup contact experiences of the participants, following the structured analysis procedures of transcendental phenomenology (Moerer-Urdahl & Creswell, 2004). First, every expression relevant to the experience of each participant was listed and significant statements were identified. In this step, a total of 51 significant statements were identified from participants' transcripts. The researcher simply wanted to learn how individuals viewed their intergroup contact experiences in this first step.

Next, the researcher carefully examined and clustered the significant statements into themes. Every significant statement was treated as holding equal value, and then statements irrelevant to the topic or repeated were deleted (Moerer-Urdahl & Creswell, 2004). Five themes emerged from this analysis about how participants experienced their intergroup contact: personal growth, professional growth, influence of personal intergroup contact on counseling, exposure to intergroup contact, and efforts as professional counselors. Exposure to intergroup contact and efforts as professional counselor include subthemes.

Theme 1: Personal Growth. When the researcher asked participants to share their personal intergroup experiences, some participants gasped or needed a few seconds to recall their experiences. Participants then described their intergroup experiences with family members on topics such as interracial families and interracial marriage. Some shared their personal intergroup contact experiences regarding ethnicity, religion, sexual orientation, and disabilities in places like camps, schools, neighborhoods, and churches. Personal growth through their intergroup contact experiences was a core theme among all participants.

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Gina shared her experiences on how people identify her ethnicity with a color as a multiracial person. She said,

My birth certificate actually says I'm Black. So, most of my documentation says "Black" because there was never an option for "other." My dad is Black. My mom is a Hispanic woman. I was raised with my mom. Although I identify more closely with my Hispanic heritage, I feel like that needs to be a thing. Now, there are places that say mixed or other. I will identify as mixed or other because that is who I am. But I'm not unhappy if Black is the option. I am Black. I'm totally fine with that as well. But mixed is just more descriptive of who I am.

Gina continued to share her multiracial family after marrying a White man and described her family as "a huge melting pot." She mentioned that her personal experiences of being born into a multiracial family, and of having a multiracial family, helped her understand someone else's point of view and feel comfortable with her disclosure. She said,

We've had so many conversations, something as simple as hair was a huge topic of conversation. We have three children. Living in today's society, I have two Black boys. They are mixed, but when they go out on the street, people see my sons as Black young men. What do we tell our kids? How do we teach our kids to be as safe as possible while not necessarily stopping them from being kids and just enjoying whoever it is they're around? I have always been able to be open and honest with my husband about whatever it is. He probably has more questions for me than I've had for him as far as just not understanding certain things. But it's always been a really open and comfortable discourse.

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Mike shared his experiences of cultural similarities and dissimilarities within his family and talked about how he respects both. Mike described his wife and daughter as “very staunchly Jewish” and explained how celebrating their holidays is a way of respecting individuals’ unique religion. He said, “There are elements of her Christian Mennonite background, and she wants to celebrate with me in my way.” Similarly, Bella shared her experiences of differences between members of her family and stated, “Their political views are different from mine . . . their views on religion are different . . . helped me to be tolerant of their views and respecting them as much as possible. More accepting of their perspectives.”

Some participants shared their experiences of ethnicity through diverse intergroup contact they had in the schools they attended. Kate recalled her college experiences with many international students and said, “Through my collegiate experiences, I tried to adopt friendlier attitudes about individuals different from me.” Dee described ethnic diversity in her high school and stated that the experiences with many people of color in high school set the groundwork for her openness to diversity. In Dee’s words,

That was a really different experience to be in a high school. There was quite a lot of people of color. I think that really helped me because I was able to experience a lot of other cultures in that way. I think it was a good experience because it opened me up to those before I went to college, which was an even bigger environment with more diversity and more people . . . So being able to kind of learn those things in high school really set the groundwork for being open to other cultures knowing that being White is not the only thing. And not only that but being exposed to some of the social justice aspects of what these people were experiencing. That was very different from my own experience as a White woman.

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Most participants discussed differences regarding race/ethnicity or religion/spirituality, but some of them shared their intergroup contact regarding economic status and disability. Amy talked about her culturally diverse friends including those who were “extremely rich” and “very poor.” About those experiences Amy shared, “I think it makes me or allows me to be open and welcoming of all things of all individuals. I think that's so important.” Gary shared he had limited experiences with individuals who were a different race or ethnicity until he got to college. Gary shared that the onset of his disability, resulting from an automobile accident, influenced his understanding of diversity. He said, “I view trauma as a culture in and of itself because it certainly shapes a person's life experiences, their values, their attitudes and beliefs.” He continued to share his experiences with individuals who have disabilities and said, “Being identified as a person with a disability, that certainly shaped my view of how to interact with others and not just individuals with disabilities.”

Jenny shared her unique intergroup contact experiences as a non-US citizen and an individual in the LGBTQ community. Jenny described how she was able to “be in a better way” and “celebrate other people’s differences” from her personal intergroup contact experiences. She explained, “My background, coming from an Asian country, being in the LGBT community, and living in the US for 10 years . . . my personal life experiences made me really become more curious and become more interested in people's stories.”

Theme 2: Professional Development and Growth. Professional development and growth were reported by all participants when they shared their clinical intergroup contact experiences. They considered the clinical intergroup contact as professional development and as helpful in learning, understanding, accepting, and honoring differences in diverse cultures. Dee

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recalled her first clinical internship experience in a college counseling center and described the experience as “a huge part of my growth as a counselor.” In her words,

That was my first internship. It was very diverse. There were a lot of non-traditional students, older students, and students of color. I worked with a lot of international students. That was not a population that I really thought about with college counseling. I loved working with the students and learning about the culture shock they were experiencing. They were trying to learn how to experience college. You probably understand this in a second language. I really loved that work just being able to experience people and learn about their cultures and things that were important to them and providing connections with places that they felt safe and places where they were able to connect and feel welcome. I think that was a huge part of my growth as a therapist because I think that serves us in a lot of different areas and because a lot of people who come to us for counseling feel different.

Dee described her clinical experiences in a community setting which was also very diverse in terms of socio-economic status. She shared,

I worked with a lot of people that were low or no income. There were a lot of people from diverse backgrounds, people of color. Also, White individuals that were in the system . . . it's kind of trial by fire like here's all these really intense, very different social experiences, cultural experiences, the difficulties that some of these people faced with getting simple resources and help from the government. So, being able to see all of these experiences and learn about these things as a therapist, I think that really helped me to grow clinically because I think about those contexts a lot when I'm working with students.

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Participants approached their clinical context as a learning experience. Bella said, “I’ve learned to ask questions if I don’t understand something. I don’t always feel comfortable doing it, but at the same time I want to get a better understanding of where they’re coming from and how to help them.” Jenny explained that clinical intergroup contact was an opportunity for her to explore differences and to learn how to be curious. She explained,

It was an opportunity for me to explore how to be curious and creative when I work with them. I do not focus on what common factors or common things they experience because everyone was different. Every African American is not experiencing racism in the same way. Every LGBTQ person does not experience discrimination in the same way. So, really, for me, in my clinical setting, it was just all about being curious, being respectful and being willing to go where my clients wanted to go.

Several participants shared their clinical experiences with indigenous cultures, such as Appalachian culture, Amish culture, and Navajo culture. Gary shared his diverse cultural experiences with clients and mentioned, “As a trauma therapist, again, trauma does not discriminate, based upon race, ethnicity, sexual orientation, faith . . . that’s the culture that I grew up in.” Amy recalled her young Navajo clients and said,

It’s important because I’m very open to learning from clients, for example, the Navajo when I worked out in Arizona . . . so it really made me think as a therapist. I looked at his symptoms to try to figure out if it was from his culture, the symptom was coming from, or if it was from the diagnosis. So, I think those little details that I can learn from clients help me to be a better therapist.

Advocacy on behalf of individuals was addressed as professional growth and development in the clinical intergroup contact experiences. Kate shared her experiences as a

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supervisor and an educator and explained that she learned about how people experience, and deal with discrimination based on race, class, gender, and religious affiliation. She mentioned that she learned how important it is to advocate for clients and to ensure they have a safe place. Kate said,

I think what helped me is being a professional counselor and being comfortable enough to talk about some of those issues in professional counseling because I definitely believe a part of being a counselor is making sure you're well so being able to seek counseling services for yourself.

Similarly, Gina shared her experiences of advocating for women of color and said, “For me, it was a really big deal. I had to advocate.” She also addressed advocating against the stigma of mental health counseling and shared,

I think that is part of the importance of my presence on my side of town as a step toward getting mental health counseling to be more of the norm for everyone no matter their culture. That's kind of where I'm at with it. I just think that it's important. This experience for me has been awesome because I don't see many mothers of color. I don't see any women of color or women of varying ethnic backgrounds doing what we're doing. So, I'm excited that you're doing what you're doing. It's just because it means that we're branching out as a profession.

Theme 3: Influence of Personal Intergroup Contact on Counseling. All participants explained the importance of both personal and clinical intergroup contact experiences, but most participants emphasized the influence of their personal intergroup experiences as professional counselors. Gary viewed his personal experiences as “foundational,” and mentioned that his personal experiences made him “to be more sensitive and aware of working with diverse population.” He said, “Our personal experiences are vital in shaping our attitudes, our beliefs,

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our understanding.” Gina also pointed out the value of her personal intergroup contact experiences on her clinical work and said, “I think it's very important. It helped me to really be able to take a minute and try to understand someone else’s point of view.”

Amy, Dee, and Gina described the value of their personal intergroup contact experiences and said that the personal experiences helped them all be “a better therapist (professional counselor).” In Gina’s words,

My personal experience definitely impacts my clinical, sometimes in the reverse. But most of the time, my personal experience has helped me be a better clinician. I can communicate and build rapport better because I do have such a diverse family, such a diverse style. So, I don't find it hard to connect with whoever I'm talking to.

Jenny said,

I would say my personal experiences are pretty important to me because my philosophy about life is that I can learn from anyone. . .That's really important for me and allows me to explore new things and open my eyes to different things, rather than just being stuck in my own way. It's really easy to do that as an Asian woman who grew up in Asia. I think there was some indoctrination growing up. . .That allowed me to live my own life and express my own creativity and my desire to be a therapist and to be a Ph.D. student in a relationship.

Theme 4: Exposure to Intergroup Contact. Interview data showed that interviewees considered exposure to intergroup contact as an essential factor in multicultural counseling and working with clients who have diverse cultural backgrounds. Two subthemes, direct contact and ongoing multicultural training, were identified.

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Direct Contact. The importance of direct intergroup contact was addressed by Amy, Mike, and Jenny. Amy said, “Especially as a professional counselor in the field, direct contact experience is important because you don't know who's going to walk through your door.” Mike mentioned, “It's mostly been personal experience and clinical experience where I've gotten those insights.” Jenny described how “being exposed to different cultures and experiences” is her responsibility as a professional counselor. Jenny added,

As a professional counselor, I do have a responsibility to keep learning about new cultures and being educated in intercultural communication . . . So, being exposed to different cultures and experiences is important for me. If you don't have that experience, there is going to be a disconnection in your clinical work. You're not suddenly going to become the person who's open to everyone. I think everything is closely connected.

Ongoing Multicultural Training. Participants shared their post-graduate and training experiences and all of them emphasized how ongoing multicultural training enhanced their understandings and attitudes toward diversity. Amy mentioned that her ongoing training experiences helped her understand cultural competency and added, “No one is ever competent in that area because it's constantly changing.” Gary shared his thoughts on the impact of ongoing training in multicultural and diversity issues in counseling and said, “I think culture really infiltrates every aspect of our counseling relationship.”

Some participants recalled their graduate programs and shared feeling unsatisfied with the multicultural counseling courses they took in their graduate program. The participants mentioned that their personal, clinical, and continuing training experiences helped them better understand cultural competency. Although Gina had a positive experience in the multicultural

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issues course in her graduate program, she explained that her experiences from her graduate program were not enough. Gina shared,

I think my extra training experience has helped me more because that is just one class that you take. I know that all the classes now we're trying to put a little piece in and include it, but it's really not enough.

Gary also mentioned, "I think we spend a lot of time in graduate school learning that we are always supposed to leave our bias outside the counseling room. But that's impossible."

Speaking about graduate level multicultural counseling courses, Amy shared,

I think it's important to really have more than one course on cultural competency. I think that should be something that is ongoing. And I think it's important. When I think back and again, this is years ago, when I look at and think back at my course in college and my graduate program, we didn't really go deep into things. It was more of a surface level type of class. So, I think it's important even starting in graduate school to really go deeper and to talk about that. I think it's important to gain experience in dealing and interacting with other people.

Dee spoke of her idea about how counseling students' experiences of diversity and multicultural contexts would be helpful. She recommended "identifying a baseline" of an individual's intergroup contact experiences and values in the graduate training program. Dee explained this is an important step because everyone is at very different places when comes to multicultural competencies. She added that students need an opportunity to develop and should start by connecting with their values. Dee continued,

I almost wonder if it would be helpful to start with some kind of assessment just like what kind of experiences have you had, because that might help to show what growth is

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hard for people and what they're experiencing with regards to multicultural [issues] just from a personal background before they even get started in a program.

Theme 5: Efforts as Professional Counselors. At the end of the interview, all participants shared their personal ideas, thoughts, or hopes for being better able to work with diverse clients. From discussion about professional efforts, this theme emerged. In relation to ongoing efforts by professional counselors, three subthemes, open conversation without making assumptions, self-awareness, willingness to learn, were identified.

Open Conversation without Making Assumptions. Of the eight participants, seven emphasized the need for open conversation, without assumptions, as necessary for working with clients from different cultural backgrounds. In one form or another, Amy, Bella, Dee, and Jenny all shared, about communication, that it was essential to “Be curious. Be honest. Be open and be upfront.” Gary said, “Start by being willing to talk about differences.” At one point in the interview, Bella raised her voice, and enthusiastically stated “Be pure, be curious, and ask questions when people bring up something.” She concluded the interview with some advice:

I think being a counselor puts you in the room with the person. There's nowhere else to go. When a person brings up something in the session, a hate crime based on their culture, their color, or their sexual orientation, be curious and ask them “How is that for you?” or “How was it for you being that color or that race?” We should be curious. If I open up my eyes, I'll hear more.

Similarly, Mike Gina, Amy, and Gary asserted that making assumptions should be avoided in counseling. For example, Mike said, “Do not assume that just because we're a certain race or because we've had certain experiences that we know about this.” Furthermore, Gina

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described the importance of ongoing conversations before making assumptions about others and stated,

I think we need to have conversations. I think it needs to be an active, open, and ongoing conversation about who you are and what you need other people to know because the problem is right now we have so many preconceived notions. People think they already know what to expect from you or they think they already know what to expect from me.

Self-Awareness. Self-awareness was described as an essential step toward open and ongoing conversation, without making assumptions, by all of the participants. Gary gave an example of how he engages in self-reflection by asking himself, “Is this an area that I have some particular bias about?” Gary explained this kind of self-reflection was important because simply leaving bias out of the counseling session was impossible. Gary stated, “Bias impacts everything.” Gary kept describing the importance of being aware of cultural dissimilarities as a professional counselor. He explained,

I think that students need to be aware of what they experience in the presence of cultural dissimilarities and be honest with themselves because I didn't have any Black friends growing up. I grew up with a lot of stereotypes that I wasn't fully aware of, in terms of them being stereotypes. I would not say I grew up in a racist household, but there were certain things that I heard. I look back on this and say, “This was racist. It promoted certain racial stereotypes.” So, I think people need to be fully aware of what they feel and experience when they are in the presence of cultural dissimilarity.

Similarly, Amy pointed out that “If you do have any bias against anyone, you need to be aware of that. I think being self-aware and in tune to yourself is very important.” Bella firmly advised, “Check yourself if you're not aware.” According to Jenny, self-awareness is not just for

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clients, and emphasized the importance for counselors to “recognize their triggers.” Jenny explained, “Your lived experience is also important in determining who you want to work with because you don't want to trigger yourself when you're working with clients.” Furthermore, Kate shared her perspectives on advocacy related to self-awareness by stating,

I guess for me as to how I understand my experience is that when I'm working with my clients, it's about evoking change, creating an atmosphere, whereas more appreciation of intercultural contact is inviting. For me, what I have to be aware of is how I identify and how I try to infuse talking about diversity into the mental health profession. So instead of me taking an expert stance, allow my clients to be an expert of their own experience.

Willingness to Learn. Willingness to learn from personal and clinical intergroup contact, supervision, consultation, training, and workshops was highlighted by participants Brandy simply but strongly addressed it by stating, “Educate yourself!” Dee emphasized counselors’ willingness to learn from clients was an invaluable trait. About learning Dee stated,

I found it to be invaluable in my therapy just in connecting to people in general. I really try to work hard to stay on top of things and make sure that I'm presenting myself as someone who is. . . showing them my openness to be willing to learn about them. We can work together to kind of work through these processes, sometimes sharing my experiences.

Furthermore, Gary emphasized willingness to talk about differences not only with clients but also with peers, colleagues, and supervisors. He said,

We come from different places. . . . So being willing to talk about it. Obviously, when I supervise new counselors, not only talking about that, in general, but talking about that through supervision. . . . And additional training, continuing education, expanding and

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maintaining our competencies in a variety of areas goes a long way toward increasing our understanding professionally. Consultation, talking with colleagues, or talking with peers, that is also a way to utilize consultation to better empower those individuals that we serve who are different.

Textual Descriptions

Following the thematic analysis, participants' experiences were gleaned from the textual descriptions (Moerer-Urdahl & Creswell, 2004). In this study, textual descriptions focused on what the participants had experienced through their intergroup contact. From the emergent themes, the researcher identified what the participants learned from their intergroup contact experiences. All participants explained repeatedly that their intergroup contact helped them grow personally and professionally. They often used phrases such as "I've learned to," "It was an opportunity for me to," "I have been able to be," and "It has made me" to describe what they have learned from their intergroup contact.

Specifically, their learning experiences were described as being able to be "open," "honest," "curious," "respectful," "willing to," and "comfortable enough to talk about those topics." For example, Jenny said, "It was an opportunity for me to explore how to be curious and creative when I work with them. . . it was just all about being curious, being respectful and being willing to go where my clients wanted to go." Gary mentioned, "It has made me far more sensitive and aware of working with diverse populations."

Finally, participants described their personal and professional growth, resulting from relationships with people from different cultural backgrounds, as feeling interconnected and synergetic. Dee mentioned that her personal intergroup contact experiences helped her to be a

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better clinician and shared how experiences with clients helped to her be a better person. Dee explained,

I think mostly I tried to think about the experiences I've had as a whole. The personal impacts the professional. Again, this is a place of curiosity, like trying to learn from others and what I learn about what I don't know. Approach with curiosity because it helps me in both the personal and the professional context. One of the things that I work with a lot of my clients on is integration of self. You may be slightly different in certain contexts based on what you're doing, but you're still the same person. I think that's very similar for me in being able to bring those experiences and ideas from the personal into the professional. And it's the same thing. Take them back because there's experiences that I've had from clients that I've worked with that I probably wouldn't have ever had in a personal context. But it helps me to be a better person individually, personally, in the world. The inner actions that I have personally, individually, in the world, helped me to be a better clinician in the therapy room.

In a similar way, Bella described that intergroup contact experiences that foster her personal and professional growths. Bella stated,

I think the clinical work has helped me to be more respectful. As a counselor, in my personal life, hearing people's stories, and how their culture, their color, their ethnicity, or their differences affect them in their trauma helps me to be more respectful, accepting and patient. There's patience, tolerance of what people are going through in my personal life based on their religion or their beliefs.

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Structural Description

Structural description is a discussion of “how” the phenomenon happened (Moerer-Urdahl & Creswell, 2004). In this study, the “how” included descriptions of what participants did to take on the responsibility for continued professional and personal growth. Participants spoke about efforts toward professional growth when they described pushing themselves to learn through diverse direct and indirect intergroup experiences such as training, attending professional conferences, or readings and clinical intergroup contact. Participants who had many years of experience and had been out of school for a long time, experienced limited opportunities of intergroup contact in their graduate programs. However, these more experienced participants were able to expand their multicultural competencies and insights through continuing education and clinical contexts. Participants who had good experiences in their graduate training programs also recognized their continuing education and diverse intergroup contact experiences as an important means of professional development.

In a similar vein, participants were willing to challenge themselves in different cultural contexts. These participants experienced “feeling uncomfortable” in different cultural contexts such as during personal and clinical intergroup contact. In spite of the discomfort, participants accepted these experiences and feelings as being “natural.” Participants described their efforts to remain “curious,” “upfront,” “honest,” “open,” and “communicative.” Alternatively, participants worked to withhold assumptions and judgements. In doing so, participants were able to experience personal and professional growth.

The Essence of the Experience

The textual and structural descriptions of the experiences were synthesized into a composite description of the phenomenon, which became the essence of the meanings attributed

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to the experiences (Moerer-Urdahl & Creswell, 2004). According to the participants, the essence of the intergroup contact facilitated ongoing growth and development that had implications for their personal lives and their clinical practices. The intergroup contact effect began with a person being willing to be curious about another's experience. The person had the ability to self-reflect, and to ask themselves and others respectful questions about their experiences of intergroup contact. The abilities of being open and inquisitive resulted in positive outcomes in personal and clinical intergroup contexts.

Participants in this study told stories of their experiences as professional counselors, where they observed and discovered things about themselves and their clients by engaging around and through their differences. Participants described how they engaged in intergroup contact without setting the intention that they would experience positive changes in their opinions or biases. The participants did not expect the same attitude of open-mindedness from others in their intergroup contact. Their narratives included descriptions of moments of growth, which left them feeling better prepared for cross-cultural interactions. These experiences changed them as professional counselors and shaped their abilities to negotiate a diverse society.

Integration of Findings

The overarching research question of this study sought to explore professional counselors' intergroup contact experiences and attitudes toward diversity. Further, this study was designed to better understand how professional counselors define and describe their own intergroup contact experiences utilizing an explanatory sequential mixed methods research design. To represent an integration of both quantitative and qualitative findings, a joint display was created adding qualitative findings into quantitative findings in Appendix F.

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The qualitative findings were similar to the quantitative results regarding experiences with multicultural courses and training. The quantitative data showed that the additional multicultural training was significantly related to overall attitudes toward diversity, but there was no significant relationship between multicultural courses and overall attitudes toward diversity. The findings of the qualitative portion of the study indicated that participants were able to professionally grow when they pushed themselves to learn through ongoing multicultural training as evidence in the qualitative data.

Participants with more clinical experience, who also completed their graduate training many years ago, experienced limited opportunities of intergroup contact during their graduate programs. Some participants shared they felt unsatisfied by not having enough multicultural courses in their graduate programs. Instead, they emphasized the importance of post-graduate multicultural training in improving their positive attitudes toward diversity.

The interview analysis produced five themes including personal growth, professional growth, impact of personal intergroup contact on counseling, exposure to intergroup contact, and efforts as professional counselors. Personal intergroup contact experiences were considered as foundational in shaping individuals' attitudes, beliefs, and understanding toward diversity. Participants believed that their personal intergroup contact experiences with family, friends, or co-workers helped them to be a better person and provided experiences through which they learned, understood, accepted, and honored differences or diversity.

Participants valued direct intergroup contact experiences, but personal intergroup contact was credited more often as the source of positive changes in attitudes toward diversity. Participants' personal intergroup contact allowed them to explore new things and opened their eyes to diverse cultural contexts. These experiences positively impacted participants' clinical

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work. Participants' continuous exposure to intergroup contact was essential to facilitating their learning about outgroups. More direct contact experiences and ongoing multicultural training might be a challenge, but exposures to intergroup contact led participants to learn how to deal with discomfort related to dissimilarities. Participants strongly suggested that counselors make the effort to learn and experience diversity issues, in whatever context would facilitate their growth. These efforts begin with open conversations, and honest curious attitudes free of assumptions. These efforts should be undertaken with a high degree of self-awareness and personal attunement.

CHAPTER V

DISCUSSION

This mixed methods study utilized both quantitative and qualitative data to explore the relationship between exposure to multicultural training, intergroup contact, and attitudes toward diversity and to understand intergroup contexts experienced by professional counselors. This study was grounded in intergroup contact theory which holds that intergroup contact is an effective way of improving intergroup relations and reducing prejudice (Allport, 1954). This final chapter discusses findings of both quantitative and qualitative data and offers implications and recommendations for future research.

Intergroup Contact and Attitudes toward Diversity

The present study first examined the relationships between the quantity of intergroup contact and the perceived importance of intergroup contact. The results showed that all variables (quantity of personal contact, importance of personal contact, quantity of clinical contact, and importance of clinical contact) were significantly related to each other. These findings support those of previous research (Brown et al., 2007; Hutchison & Rosenthal, 2011; Mähönen et al., 2011; Prestwich et al., 2008; Tausch et al., 2007; Turner et al., 2007) in which the quantity of intergroup contact and quality of intergroup contact were positively associated.

In addition to examining quantity and importance of intergroup contact, this study also explored the relationships between intergroup contact and overall attitudes toward diversity. Frequent diverse intergroup contact and quality of contact have been considered as significant components that promote positive attitudes toward diversity (Allenby, 2009; Brown et al., 2007; Mähönen et al., 2011; Spanierman et al., 2008; Prestwich et al., 2008). Findings of the current study are similar to the previous studies in which intergroup contact variables such as quantity

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and/or perceived importance are positively related to attitudes toward diversity. The qualitative findings of the study also provide explanations regarding the relationship between intergroup contact and attitudes toward diversity. Participants shared how their direct personal and clinical intergroup contact influenced their attitudes toward diversity. Counselors valued their intergroup contact believed that their intergroup contact shaped positive attitudes toward diversity and resulted in better communication free of assumptions.

Regarding the subscales of the MGUDS-S, the current study found that quantity of intergroup contact was significantly related to diversity of contact, but no relationship with relativistic appreciation and comfort with difference of MGUDS-S subscales was found. These findings are consistent with previous research with university students (Strauss & Connerley, 2003). Strauss and Connerley (2003) argued that contact might encourage people to seek diverse experiences, but that contact itself might not ensure that people value or feel more connected to diverse others with regards to the results. Interestingly, findings of the current study appear to support this argument. In this study, the importance of intergroup contact was positively associated with comfort with diversity on the MGUDS-S subscale, while quantity of intergroup contact was not associated with comfort with diversity. This study showed that participants who had more intergroup contact experiences were likely to pursue more diverse experiences. Participants who valued their intergroup contact experiences appeared to feel more comfortable with diversity.

In this study, approximately 80% of participants perceived that they had high quantity of intergroup contact in personal and clinical contexts, and that their personal and clinical intergroup contacts were very important. To avoid any confusion regarding the concept of culture and diversity, the researcher included explanations of several terms for the online survey.

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For example, the instructions for the Miville-Guzman Universality-Diversity Scale-short form (M-GUDS-S) explained that “culture refers to the beliefs, values, traditions, ways of behaving, and language of any social group.” The meaning of “different or diverse” was explained as “someone being different from you in any aspect such as race/ethnicity, ability, sexual orientation, national origin culture, religion, etc.” Considering the concept of culture covers all social norms and behaviors in society, the high percentage in quantity of intergroup contact is expected unless the definition indicates specific cultural contexts.

Multicultural Training and Attitudes toward Diversity

A large number of existing studies have shown that multicultural courses or training programs are effective in promoting multicultural competence (e.g., Arthur & Januszkowski, 2001; Castillo et al., 2007; Murphy et al., 2006; Smith et al., 2006; Weatherford & Spokane, 2013), while the efficacy of existing multicultural education or training programs has been doubted by several scholars (e.g., Arthur & Januszkowski, 2001; Chao et al., 2011; Green et al., 2009). The current study cannot statistically support the previous research since the satisfaction with multicultural courses and diversity training was not surveyed in the quantitative phase of this study. However, the qualitative data from this study provides some evidence regarding post-graduate multicultural and diversity training.

Ongoing multicultural training was identified as a subtheme for exposure to intergroup contact. Interview participants valued ongoing training such as conferences, workshops, consultation, and research on cultural issues because multicultural and diversity issues are constantly changing. Interview participants emphasized that coursework in graduate counselor training programs are insufficient for guiding students toward enhancing their understandings and attitudes toward diversity.

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Green et al. (2009) demonstrated that clinical psychology students were dissatisfied with the multicultural courses offered in their education programs. The interview participants expressed similar feelings and shared they felt the multicultural courses in their graduate programs did not facilitate deep reflection. Most interview participants reported that they were able to boost their multicultural competence through direct intergroup contact and post-graduate continuing education.

Additionally, the current study found that multicultural training was positively associated with attitudes toward diversity, but multicultural courses was not associated with the attitudes. These findings are consistent with previous research that indicated multicultural and diversity training results in more positive attitudes toward diversity (Celinska & Swazo, 2016; Kohli et al., 2016; Osteen et al., 2013; Yeh & Arora, 2003). Moreover, the current research further explored whether a multicultural course, additional multicultural training, quantity of intergroup contact, and importance of intergroup contact would predict attitudes toward diversity to verify findings by Yeh and Arora (2003) that indicated multicultural training is one of the significant factors in predicting attitudes toward diversity. The result of this study were consistent with those findings by Yeh and Arora. The results of the regression analysis showed that multicultural training contributed significantly to the model predicting attitudes toward diversity. However, research with larger sample will be required to clarify the relationship that may exist between intergroup contact, exposure to multicultural training, and attitude toward diversity.

Implications

Theoretical Implications

The findings of the present study call attention to the need for continued research on counselor training programs to provide both empirical evidence and theoretical clarification

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regarding the multicultural course they offer. The current study explored intergroup contact and multicultural training within the framework of intergroup contact theory by integrating both quantitative and qualitative perspectives. Although intergroup contact theory (Allport, 1954) has been examined in numerous settings with diverse groups of people, the main focus of these studies has been on identifying and testing conditions for attitude change and prejudice reduction with quantitative research methods.

A few studies were examined in collaboration of the intergroup contact theory and actions for multicultural and diversity training in counselor training programs. The findings from the present study should be cautiously considered given the relatively small sample size. In spite of the sample size, the results of this study provide evidence supporting the importance of intergroup contact. The results also suggest that recognizing and understanding diversity issues is no substitute for the benefits of interacting and working with culturally diverse people. Moreover, the qualitative approach served as an essential tool to in understanding how counselors experience, define, and interpret intergroup contact in the context of their lives as mental health professionals.

Practical Implications

The present study demonstrated the worth of qualitative methods in understanding the meaning of intergroup contact experiences for counselors who seek out learning opportunities to improve their understanding of cultural differences. A lack of multicultural counseling practice within counseling education programs and the need for ongoing training were addressed by participants. Holcomb-McCoy and Myers (1999) found that professional counselors perceived themselves to be multiculturally competent but responded that the multicultural counseling training they received during their graduate training was less than adequate.

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Although Holcomb-McCoy and Myers (1999) included graduate level multicultural counseling courses and post-graduate multicultural training experiences in the survey, they were unable to determine which one influenced professional counselors' perceived multicultural competence. Based on inconsistencies in the results around participants' perceived multicultural competence and adequacy of training, Holcomb-McCoy and Myers assumed that multicultural competence might have evolved as a result of post-graduate training rather than through graduate level multicultural counseling courses. Holcomb-McCoy and Myers recommended additional research in this area. The results of the current study suggest that post-graduate continuing education plays a pivotal role in the development of multicultural competence.

Limitations

One of the major limitations of this study was the small sample size. Quantitative research requires a large sample size in order for statistical significance. The present study found statistically significant relationships in correlational analyses but did not find statistically significant outcomes in the multiple regression analysis that was conducted to identify predictors to intergroup attitudes. Previous quantitative studies exploring the prediction of intergroup attitudes with Miville-Guzman Universality-Diversity Scale-short form (MGUDS-S) utilized larger samples (Strauss & Connerley, 2003).

Another limitation of this study was the use of self-report measures. Response bias is commonly discussed in social science research where self-reported data are used (Rosenman, 2011). In this study, there might be social desirability may have played a role in the responses of the self-assessed behaviors. For example, the participants may have wanted look good in the research survey even though this study was anonymous. To avoid the impact of social

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desirability on participants' responses, future research that includes concrete descriptions of target behaviors may produce results that support the findings of the current study.

Recommendations for Counselor Training Programs and Future Research

CACREP accredited graduate counseling programs require students to participate in weekly group supervision provided by the counselor educator throughout the completion of practicum and internship courses (CACREP, 2016). When the supervisor and supervisee come from different cultural backgrounds, intergroup contact interactions naturally occur in educational settings. Moreover, when counselor educators include students from different cultural backgrounds in group supervision, group discussions, group projects, or role-play exercises, students will have more opportunities for intergroup contact.

Allport's (1954) contact theory highlights the value of institutional support as one of the optimal situational conditions that promote positive intergroup relations. Given the importance of the institutional support and the findings regarding the importance of the quantity of intergroup contact from the current research, institutionalized programs or activities that are supported by counselor educators may provide positive outcomes for meaningful diverse interactions and optimal attitudes toward diversity in graduate counseling students. Further research could qualitatively explore counselor trainees' perceptions and experiences of intergroup contact in counselor training programs.

Testing whether secondary transfer effect of contact predict counselor trainees' outcomes and attitudes toward diversity would be beneficial in developing methods for intergroup contact in counselor training programs. The effectiveness of contact from the immediate outgroup to the other outgroups that are not directly involved in the contact was observed in diverse settings in the previous research (Harwood et al., 2011; Pettigrew, 2009; Tausch et al., 2010).

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Future research should be conducted to determine if an individual's positive intergroup contact experience produces similar attitudes toward other equivalent types of outgroups. The results of this type of future research could justify counselor educators' efforts in encouraging counselors in training to have more meaningful intergroup contact experiences, rather than just more contact with others from diverse backgrounds.

The definition of diversity encompasses many dimensions including age, gender, sexual orientation, race, ethnicity, language, education, socio-economic status, physical abilities, religious beliefs, political beliefs, or other ideologies. Since individuals may define or conceptualize diversity based on their own cultural background, contact with members of one's respective outgroups is recommended as a way to produce positive changes in attitudes. In-depth interviews and focus groups including graduate students, professional counselors, and counselor educators may help provide crucial information about how and why counselors choose whether or not to engage in intergroup contact.

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Appendix A: IRB Approval Letter

June 4, 2019

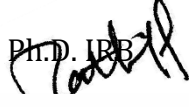
Jiyoung Moon Dept. of
Counseling
St. Mary's University

DELIVERED BY EMAIL TRANSMISSION

Dear Ms. Moon:

The IRB has approved the study, Moon, J. (D Comstock-Benzik, faculty sponsor). The Influence of Intergroup Contact on Attitudes Toward Diversity Among Professional Counselors: A Mixed Methods Study. If research participants have any questions about their rights as a research subject or concerns about this research study please contact the Chair, Institutional Review Board, St. Mary's University at 210-436-3736 or email at IRBCommitteeChair@stmarytx.edu.

Dan Ratliff, Ph.D. IRB
Chair
St. Mary's University



The proposal is determined to meet criteria for exemption under 45 CFR 46.104(d)(2), the use of survey procedures and interviews with de-identified, minimal risk data.

Exempt research does not require IRB review or renewal for five years (2022). However, IRB requests a closure report when the data collection is completed, or, if active data collection continues, a summary report of the sample size at the May IRB meeting of each academic year.

Exempt research can proceed with an abbreviated consent process in which the subjects are informed of the purpose and duration of the survey, and with no signature necessary for informed consent. The approval stamp must be visible in the information about the study provided to potential subjects.

You may collect data from human subjects according to the approved research protocol. The approval stamp must appear on any Information Form or Informed Consent Form approved by the IRB (jpeg file attached).

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If, at any time, you make changes to the research protocols that affect human participants, you must file a "Changes to Approved IRB Protocol and/or Unanticipated Problems" form. Changes must be reviewed and approved by IRB before proceeding with data collection.

Good work on an interesting approach to counselor education. I look forward to seeing your results.

A handwritten signature in black ink that reads "Dan Ratliff". The signature is written in a cursive, slightly slanted style.

Dan Ratliff, Ph.D. IRB
Chair

CC: Dana Comstock-Benzik, PhD, Faculty Sponsor
,Melanie Harper PhD, IRB Area Representative Attachment: IRB
Approval Stamp jpeg file

Appendix B: Invitation Letter

Dear Prospective Research Participant:

My name is Jiyoung Moon and I am a doctoral candidate at St. Mary's University, San Antonio, TX. In order to fulfill the degree requirements for a PhD in Counselor Education and Supervision, under the supervision of my dissertation chair, Dr. Comstock-Benzick, I am requesting your participation in a study titled, "The Influence of Intergroup Contact on Attitudes toward Diversity among Professional Counselors." The purpose of the study is to explore professional counselors' intergroup contact and attitudes toward diversity, using a mixed methods approach. To participate in this study, **you must be a professional counselor who has a minimum of a master's degree in counseling or a related field, and who is either fully or provisionally licensed.** Your decision to participate in this study is completely voluntary, and you may choose not to participate, or to cease your participation at any point in the research. All responses will be maintained in confidentiality.

This study includes two distinct phases, however you may choose to only participate in the first phase. If you agree to be in this study, you will be asked to complete a Qualtrics survey expected to take approximately 15 minutes. At the end of the survey, if you are interested in the second phase of the study, you will be asked your preferred contact information so the researcher may contact you to discuss a possible interview. Your name and identifying information will only be available to the primary investigator. You may use a pseudonym and participate by voice only if desired. The interview will take approximately 50 minutes. Participants will receive a \$15 Amazon gift card upon completion of the interview. You have permission to withdraw at any time and still receive the compensation.

In this project, the risks associated with participation in this study are no greater than you would experience in everyday life. There are no direct benefits to you for participating in this study. This research may benefit counseling educators or supervisors by providing a better understanding of the influence of intergroup contact in mental health professions. If you have any questions about participation in this research, please contact the researcher at 724-599-9596 or jmoon@mail.stmarytx.edu.

Thank you for considering to help in this research.

Sincerely,
Jiyoung Moon

Appendix C: Informed Consent

INFORMED CONSENT

You are invited to take part in a research study about professional counselors' intergroup contact and attitudes toward diversity. The researcher is inviting professional counselors who have a minimum of master's degree in counseling or a related field, and who are either fully or provisionally licensed with their issuing state.

PURPOSE:

The purpose of this research study is to explore and understand professional counselors' intergroup contact experiences with people who have different or diverse cultures. In this study, different or diverse refers to someone being different from you in any aspect such as race/ethnicity, ability, sexual orientation, national origin, culture, religion, etc. A mixed methods approach will be used to explain how mental health professionals experience, define, and interpret interactions with individuals from diverse cultures in their own viewpoints.

PROCEDURES:

This study includes two distinct phases, however, you may choose to only participate in the first phase. If you agree to be in this study, you will be asked to complete a survey, including a demographic questionnaire and short scales which are expected to take approximately 15 minutes for the first study phase. At the end of the survey, you will be asked if you are interested in the second phase of the study for the interview. If you agree with the interview, you will be asked your preferred contact information, so the researcher may contact you to discuss a possible interview. Your name and identifying information will only be available to the primary investigator. You may use a pseudonym and participate by voice only if desired. It is expected to take approximately 50 minutes for this interview. Here are some sample questions: How would you describe your intergroup contact experience? How would you describe your experience of diversity and multicultural training? How do you make sense of or interpret your own intercultural contact experiences as a professional counselor?

COMPENSATION:

Upon completion of the interview, participants will receive a \$15 Amazon gift card. The gift card compensation is only available to the people who participate in the interview part of the study. You may withdraw at any time for an interview and still receive the compensation.

RISKS & BENEFITS:

In this project, the risks associated with participation in this study are no greater than you would experience in everyday life. There are no direct benefits to you for participating in this study. This research may benefit counseling educators or supervisors by providing a better understanding of the influence of intergroup contact in mental health professions.

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CONFIDENTIALITY:

All data obtained from the participants will be kept confidential and never reported individually. You will not be identified by your personal name, and your responses will be shared using pseudonyms that disguise participant identity. Electronic data will be stored indefinitely in a secure electronic file. All study data in paper form will be stored in a locked cabinet. All electronic data will be securely stored in a password-protected program only accessible by the principal investigator. Please note, the research records for this study may be inspected by the St. Mary's University Institutional Review Board or its designees.

VOLUNTARY NATURE OF PARTICIPATION:

Participating in this study is completely voluntary and you may withdraw from the study or stop participating at any time without penalty or loss of benefits to which you are otherwise entitled. To withdraw your participation from this study, or for questions or concerns, please contact the principal investigator, Jiyoung Moon at jmoon@mail.stmarytx.edu or 724-599-9596. Upon withdrawal from the study, all data collected until that point would be destroyed.

If you have any questions about your rights as a research subject or concerns about this research study please contact the Chair, Institutional Review Board, St. Mary's University at 210-436-3736 or email at IRBCommitteeChair@stmarytx.edu. **ALL RESEARCH PROJECTS THAT ARE CARRIED OUT BY INVESTIGATORS AT ST. MARY'S UNIVERSITY ARE GOVERNED BY THE REQUIREMENTS OF THE UNIVERSITY AND THE FEDERAL GOVERNMENT.**

By clicking "yes" below and completing this survey, I consent to my participation in the study described above. I also hereby acknowledge that I have read and understand the above description of the study and I understand that if I participate, I may withdraw at any time without penalty.

Please print for save this consent form for your records.

- Yes, I consent to participate in this study.
- No, I do not consent to participate in this study.

Appendix D: Qualtrics Survey Items

ST. MARY'S UNIVERSITY

Do you have a minimum of master's degree in counseling or a related field?

- Yes
- No

Are you fully or provisionally licensed within your state professional counselor licensure board?

- Yes. Provisional Licensure / Intern Level
- Yes. Full Licensure
- No

→

Survey Powered By [Qualtrics](#)

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What is your current age in years?

- 20s
- 30s
- 40s
- 50s
- 60s or more

How would you identify your gender?

- Male
- Female
- Gay/Lesbian/Bisexual
- Not listed

With which race do you identify?

- African American/Black
- Asian
- Hispanic/ Latino/a
- White/Caucasian
- Native American
- Pacific Islander
- Not listed

Please Specify:

What is your education level?

- Masters
- Doctoral student
- Doctorate

Are you a member of American Counseling Association (ACA)?

- No
- Yes



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Please indicate ACA division(s) if you are joining one or more of divisions.

In what region of the US are you currently employed/do you currently practice?

- Midwest
- North Atlantic
- Southern
- Western

Where is your primary work setting?

- K-12 School
- Hospital
- Private Practice
- Community Counseling Agency
- College/University Counseling
- Higher Education/counselor Educator
- Not listed

Please specify:

How many years have you been working as a mental health professional at the point of taking this survey? (Use numbers only)

How did your program present multicultural information?

- Little or no multicultural information presented in any course
- One course focused on multicultural information
- More than one course focused on multicultural information
- Multicultural information infused in almost every core course in my program

How often do you attend professional workshops regarding the topic of diversity and multicultural counseling?

- Never Rarely Occasionally Frequently Very Frequently
-

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Different or Diverse refers to someone being different from you in any aspect such as race/ethnicity, ability, sexual orientation, national origin, culture, religion, etc. Contact indicates interactions with people.

Please indicate the extent to which you personally have contact with your friends, schoolmates, neighbors, or co-workers who are different/diverse from you?

Never Very Rarely Rarely Occasionally Often Very often

How important are these contacts to you personally?

Not at all Slightly important Important Fairly important Very important Extremely Important

Please indicate the extent to which you have contact with clients who are different/diverse from you as a professional counselor?

Never Very Rarely Rarely Occasionally Often Very often

How important are these contacts to you as a professional counselor?

Not at all Slightly important Important Fairly important Very important Extremely Important

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The following items are statements using several terms that are defined below for you. Please refer to these definitions throughout the rest of the questionnaire.

Culture refers to the beliefs, values, traditions, ways of behaving, and language of any social group. A social group may be racial, ethnic, religious, etc.

Race or racial background refers to a sub-group of people possessing common physical or genetic characteristics. Examples include White, Black, American Indian, etc.

Ethnicity or ethnic group refers to a specific social group sharing a unique cultural heritage (e.g., customs, beliefs, language, etc.). Two people can be of the same race (i.e., White), but from different ethnic groups (e.g., Irish-American, Italian-American, etc.).

Country refers to groups that have been politically defined; people from these groups belong to the same government (e.g., France, Ethiopia, United States). People of different races (White, Black, Asian) or ethnicities (Italian, Japanese) can be from the same country (United States).

Instructions: Please indicate how descriptive each statement is of you by selecting the answer corresponding to your response. This is not a test, so there are neither right nor wrong, good nor bad answers. All responses are anonymous and confidential.

	Strongly Disagree	Disagree	Disagree a Little Bit	Agree a Little Bit	Agree	Strongly Agree
I would like to join an organization that emphasizes getting to know people from different countries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persons with disabilities can teach me things I could not learn elsewhere.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting to know someone of another race is generally an uncomfortable experience for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to go to dances that feature music from other countries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can best understand someone after I get to know how he/she is both similar to and different from me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am only at ease with people of my race.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often listen to music of other cultures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing how a person differs from me greatly enhances our friendship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's really hard for me to feel close to a person from another race.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am interested in learning about the many cultures that have existed in this world.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In getting to know someone, I like knowing both how he/she differs from me and is similar to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is very important that a friend agrees with me on most issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I attend events where I might get to know people from different racial backgrounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing how a person differs from me greatly enhances our friendship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often feel irritated by persons of a different race.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Thank you for completing the survey!

Also, I would like to discuss an interview with you about your intercultural experiences. Participants will receive a \$15 Amazon gift card upon completion of the interview. Would you like to participate in this interview?

- Yes, I am willing for you to contact me and consent to participate in an interview
- No, I am not interested in participating in an interview at this time

Please indicate below how you prefer to be contacted if you would like to participate in an interview:

Email:	<input type="text"/>
Confirm Email:	<input type="text"/>
Cell Phone:	<input type="text"/>
State:	<input type="text"/>
Other Preferred Method of Contact:	<input type="text"/>
Name/or Pseudonym	<input type="text"/>



Appendix E: Interview Questions

I would like to talk about your intergroup contact experiences with the people who are different from you in any aspect, such as race, ethnicity, ability, sexual orientation, cultural religion, or any other differences.

1. Describe your personal intergroup contact experience, such as experiences with family, friends, classmates, neighbors, or colleagues in your personal relationships.
2. How do you perceive the importance of your personal intergroup contact experiences you shared with me?
3. Describe your clinical intergroup contact experience with your clients as a professional counselor.
4. How do you perceive the importance of your clinical intergroup contact experiences you shared with me?
5. Describe your experiences of diversity and multicultural courses in your graduate programs.
6. Describe your training experience on the topic of diversity and culture, such as workshops and professional conferences.
7. Could you share your understanding or meaning of your own intergroup contact experiences as a professional counselor?
8. What advice would you give counseling students or interns who are about to start their clinical experiences on the topic of diversity and multicultural counseling?

Appendix F: Joint Display of Quantitative and Qualitative Results

	Quantitative Data	Qualitative Data
Multicultural Course	<ul style="list-style-type: none"> No correlation with any other variables 	<ul style="list-style-type: none"> Feeling unsatisfied with multicultural counseling courses Surface-level Importance of more than one course
Multicultural Training	<ul style="list-style-type: none"> Positive correlation with quantity of clinical contact ($r = .17, p < .05$) and perceived importance of both personal and clinical contact ($r = .26, p < .01; r = .24, p < .01$). Positive correlation with overall diversity attitude ($r = .25, p < .01$). 	<ul style="list-style-type: none"> Importance of ongoing training Willingness to learn Professional responsibility to keep learning
Personal Contact	<ul style="list-style-type: none"> Quantity of personal contact and the perceived importance of contact were positively correlated ($r = .26, p < .01$). Quantity of personal contact and the perceived importance of contact were positively correlated with overall diversity attitude ($r = .29, p < .01; r = .38, p < .01$). 	<ul style="list-style-type: none"> Shapes views of how to interact with others More curiosity and interest in people's stories A better individual makes Allows to be open and welcoming of all things Learn to respect cultural similarities and dissimilarities
Clinical Contact	<ul style="list-style-type: none"> Quantity of clinical contact and the perceived importance of clinical contact were positively correlated ($r = .40, p < .01$). Quantity of clinical contact and the perceived importance of clinical contact were positively correlated with overall diversity attitude ($r = .19, p < .05; r = .33, p < .01$). 	<ul style="list-style-type: none"> A huge part of professional growth Self-awareness and self-acceptance of discomfort in differences Increase comfort to talk about sensitive issues An opportunity to learn how to ask questions about differences Importance of ensuring a safe place for clients
Efforts as Professional Counselors		<ul style="list-style-type: none"> Open conversation without making assumptions Self-awareness Willingness to learn from ongoing training and diverse intergroup contact experiences